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Massachusetts WIC Program

STATE PLAN

Fiscal Year 1986

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THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

MASSACHUSETTS

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

(WIC PROGRAM)

FISCAL YEAR 1986

STATE PLAN

SECTION 1: GOALS AND OBJECTIVES

STATE PLAN

Section 1: Goals and Objectives

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REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

The primary objectives for Administration and Management for FY 85 were:

1. To provide WIC services to 68,000 participants across the state by the end of the fiscal year.

   A. Contract with 35 local agencies throughout the state.

      Completed. The Department of Public Health has 27 federally funded contracts and 8 state funded contracts with local agencies to provide WIC services. Approximately 63,000 participants were served monthly during FY 85.

   B. Provide technical assistance to local agency and program staff on accountability requirements. Conduct annual on-site management reviews to assure compliance with state and federal guidelines.

      Technical assistance was provided to local agency staff on food delivery accountability through an Accountability Workgroup, phone calls and instructional memos. All 35 programs will have been visited by the end of FY 85. Corrective action protocols were instituted for programs who were not in compliance with state and federal guidelines.

2. To adapt existing WIC administrative systems to respond to emerging needs for higher levels of accountability.

   A. Clearly state priorities and expectations for all WIC staff within the system.

      A re-evaluation of goals and objectives was made mid-year. Many of the state agency staff resources were moved to accomplish food delivery accountability, audit resolution and regulatory requirements of the WIC program.

   B. Enhance state and local communication around issues of accountability.

      An Accountability Workgroup was formed. This group of 12 local agency staff and 3 state agency staff has met for six months. Accountability issues were also the subject of five inservices held during the year.

C. Develop written job descriptions for all State staff. Perform personnel assessments of all State staff.

All state agency WIC staff have an up-to-date job description. Annual workplans were designed by section.

In addition, a performance evaluation was completed for each state agency staff member.

3. To implement major revisions of systems of accountability.

See Part I: REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES, Section C: FOOD DELIVERY.

4. To focus initiatives on improving the quality of existing service.

A. Collaborate with Division of Family Health Services and Maternal and Child Health staff in the development of systems of fiscal and food delivery accountability.

Ongoing. An EDP workgroup of DFHS, MCH and WIC staff was formed to review the workload of the WIC EDP system as it related to financial reporting, voucher production and management needs.

B. Develop a breastfeeding promotion plan in collaboration with the Statewide Area Health Education Council and Maternal and Child Health staff.

(See Part I: REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES, Section D: NUTRITION.)

C. Provide services to Southeast Asian refugees as a state funded priority.

In FY 85, the Massachusetts WIC Program designed and implemented a service model to encourage increased statewide participation of Southeast Asian (SEA) refugees. The model emphasizes the need to provide nutrition education and nutrition counseling that is sensitive to the cultural background and needs of this population. It includes the following:

1) Provision of expanded service at 13 local WIC sites by a team of 12 trained bilingual/bicultural SEA Nutrition Assistants.

2) Provision of ongoing technical assistance through program visits and A-V presentations to local WIC program staff on cross-cultural issues and SEA nutrition concerns.

3) Production and distribution of nutrition education and nutrition counseling information specifically geared to the needs of SEA WIC participants.

4) Ongoing efforts to network with other refugee service providers to develop resource/referral information and to update the mailing list to provide awareness of the WIC SEA Project.

SEA project staff attend meetings of the Human Resource Task Force and the Committee on Refugee Health of the Governor's Advisory Council on Refugee Affairs.

SEA project staff presented inservices to the International Institute of Boston, to Project Good Health (EPSDT program at the Department of Public Welfare) and to the conference on battered women held by the DPH in May, 1985.

D. Plan service collaboration with the lead poisoning prevention program and the accident prevention program in cooperation with Maternal and Child Health staff.

State agency staff contacted the public health nurses in the Lead Poisoning Prevention Program to discuss and facilitate cross-referrals of clients. Letters to parents and physicians of lead-poisoned children now suggest WIC as a nutritional support program for these children.

Plans were made for local program staff to receive training from the public health nurses on taking blood samples. Training will begin on a regional basis in the fall of 1985.

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

FISCAL

The primary objectives for Fiscal for FY 85 were:

1. To ensure appropriate, accurate and timely funds disbursement and accounting for contracted services.

   A. Revise internal accounting system to accomodate new State payment system.

      The federally funded local agencies were ineligible for the advance payment system ("Ready Payments") due to the timing of the draw-down of federal funds, which does not allow for sufficient lead time on cash advanced to the State prior to the first day of the federal fiscal year (October 1).

   B. Provide training and technical assistance to local agency/program personnel for new procedures and requirements.

      Training and technical assistance were provided for all local agencies regarding new reporting requirements on service delivery reports and on itemized invoicing for incurred costs on a monthly basis (with back-up documentation retained at the local agency).

   C. Revise protocol for monitoring fiscal transactions of contracted agencies and implement formal site reviews.

      Completion is pending instructions and guidelines from the Fiscal Units of the Division of Family Health Services and the Department of Public Health regarding integration of efforts for fiscal reviews at local agencies with multiple DPH/FHS service contracts.

   D. Complete implementation of standard property management/inventory procedures for all local agencies.

      This has been partially completed through the updating of property managment/inventory records at the State agency and the local agencies. Inventory control numbers will be assigned in FY 86.

2. To refine internal systems for recording State agency fiscal transactions.

   A. Update property management/inventory procedures at State agency.

      See 1.D above.

B. Develop and implement adequate tracking and follow-up procedures for unreconciled food instruments.

Detailed specifications for the programming changes needed to implement this goal have been developed. Programming changes have been initiated and follow-up procedures have been designed. Full implementation will be completed by January 1, 1986.

C. Develop and implement standard identification of and follow up on bank errors for any WIC account.

Completed. The procedures include the following:

1) monthly reconciliation of bank end-of-month statements with daily transaction journals.

2) verification of transfer requests with deposits (wire transfers) received at the WIC bank from the state Treasurer and Receiver General.

3) identification of recorded overpayments for WIC vouchers due to bank encoding errors.

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

FOOD DELIVERY: ELECTRONIC DATA PROCESSING

The primary objectives for Food Delivery: EDP for FY 85 were:

1. To complete systems documentation for current production.

   Completed.

2. To implement necessary enhancements to WIC system.

   A. Complete conversion to new reconciliation program and put it into production.

      Development of the new reconciliation system is in process and the system will be implemented in early FY 86.

   B. Revise programs to more accurately identify duplicate active enrollment of participants (dual participation).

      A computer program to identify duplicate active enrollment has been designed and will be tested by September 30, 1985.

   C. Revise edit programs to ensure higher level of data integrity.

      Completed.

3. To increase effectiveness of processing and accuracy of output from the WIC system.

   A. Develop accurate and consistent specifications for all input to system.

      Input parameters on WIC 010 were tightened to ensure data accuracy.

   B. Provide technical assistance to WIC Food Delivery staff in development of training for local staff in using WIC system.

      Completed.

   C. Provide technical assistance to bank and data entry service personnel.

      Completed. Technical assistance was provided to Mass. Statistics to produce a higher quality data tape (higher BPI tape and change in block size); to Anacomp to avoid discrepancies in reports; and to State Street Bank to adapt all technical specifications to their new computer system.

Additional FY 85 Accomplishments

A perpetual inventory log for manual vouchers was developed.

Additional food packages for manual vouchers were created to accommodate breastfeeding women and infants.

Controls for restarting an interrupted print run of vouchers were developed.

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

FOOD DELIVERY: OPERATIONS

The primary objectives for Food Delivery: Operations for FY 85 were:

1. To increase the level of accountability for food vouchers by local program staff.

   A. Conduct inservice training and ongoing technical assistance for local program staff on accountability issues.

      Completed (including 5 inservice training sessions and additional training at other meetings). See agendas on pages 4 through 7 of this section.

   B. Institute new procedures for voiding unused manual vouchers.

      Completed. See Part V, Section A.2c(8) in the Procedure Manual.

   C. Establish new procedures for verifying receipt of vouchers at local programs.

      Completed. See Part V, Section A.2b(1) and A.2c(2)in the Procedure Manual.

   D. Conduct an inventory of all voucher records for FY 1981-1984.

      Completed. All 35 local programs reviewed their voucher records inventory during November, 1984. See attached FOOD DELIVERY SYSTEM RECORDS INVENTORY on pages 8 through 15 of this section.

   E. Conduct a preliminary count of all manual vouchers on hand at all local programs.

      Completed. See PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND on pages 16 through 22 of this section.

   F. Analyze rate of issuance and voiding of manual vouchers at all local programs.

      Completed. See MANUAL VOUCHER USE ANALYSIS on pages 23 through 27 of this section.

   G. Institute further restrictions on ordering and inventory of manual vouchers at local programs.

      Completed. See Part V, Sections A.2c(1) and A.2c(10) of the Procedure Manual.

H. Reconcile "cash errors" on manual vouchers through researching local program records for these vouchers.

Pilot test completed. Full implementation requires extensive computer programming, scheduled for FY 86.

I. Institute a standardized system for a perpetual inventory of manual vouchers at all local programs.

Completed. See Part V, Section A.2c(4) of the Procedure Manual.

J. Issue new voucher stock concurrent with new inventory procedures.

Completed. See copy of new voucher on page 28 of this section.

K. Conduct a full inventory and reconciliation of manual vouchers on hand and issued to date in FY 84-85.

Priority was given to implementing the above systems. (See 1.B, 1.C, 1.G, 1.I and 1.J, above.) The cash error pilot test (conducted in May and June, 1985) showed a 99.87% reconciliation rate.

L. Prepare reports of voucher handling procedures at all local programs.

These reports are being incorporated into food delivery site visits for FY 86 and the Request for Proposals to be issued in December, 1985.

M. Prepare and implement corrective action plans for voucher handling procedures, where necessary.

Voucher handling procedures have been implemented on a case-by-case basis, after evaluation of preliminary count and rate of issuance data.

2. To increase the local agency skill level in using the WIC computer system to reduce input error rate.

A. Provide appropriate training and technical assistance to local program staff in use of the system.

Completed. See agendas on pages 4 through 7 of this section.

B. Develop and implement a method of identifying chronic problem areas and provide a feedback mechanism for follow up/corrective action with local programs.

System implemented for return of input by data entry service which cannot be processed. See page 29 of this section for copy of form used.

3. To revise, upgrade and implement protocol for site reviews of food delivery system at local programs in conjunction with monitoring staff.

   Underway as of August, 1985.

4. To determine compliance with vendor records requirements at all local programs.

   A. Conduct on-site reviews of accuracy and completeness of vendor records at local programs.

      Completed. See attached schedule and instructions on pages 30 through 36 of this section.

   B. Prepare and implement corrective action plans for vendor records, where necessary.

      Will be completed by October 30, 1985.

Additional FY 85 Accomplishments

The voucher system section of the Procedure Manual has been extensively revised and expanded.

An Accountability Work Group of local program directors was established; state WIC staff met regularly with this group to plan improvements in food delivery systems.

The screening of vouchers at the WIC bank was expanded, a quality control system instituted, and a pilot test completed of the feasibility of more extensive screening.

Documentation of all state agency voucher operations has begun and will be completed in FY 86.

Program Directors' In-service on Food Delivery
March 6, 1985

Agenda

9:30	LR	Introduction Introduce CC Timeline (chart) Progress report (use chart)
9:45	SO	Perspective of a local program on accountability
10:05	AP	New manual voucher ordering system (handouts) Switch to packages only
10:25	JF JD	New voucher stock (handouts) New foods
10:40		Break
10:50	LR	Introduce perpetual inventory: goals, history
11:00	FC	How one local program uses a perpetual inventory
11:10	LR	New perpetual inventory system for WIC (blow-up, handouts)
12:00	JA	How a local program adapted to a perpetual inventory system
12:30		Lunch
1:30	AP	Monthly inventory check (handouts)
1:45	LR	Input: using computer system more effectively
1:50	CC/ JF	Input cycle (chart and handouts) (log available) Return of unusable input (returned input)
2:10	AP/ BJ	Using weekly manual voucher reports
2:40	LR	Agenda for Program Assistants' in-services Wrap-up, aanouncements -voiding old stock in May -pick-up of void excess singles in March -quarterly price reports

Program Assistants' In-service on Food Delivery
March 20, and 22, 1985

Agenda

9:30	LR	Introductions Agenda Overview Timeline
9:50	LP staff	Local program perspective on accountability
10:10	AP	Ordering system for MV packages -new packages planned
10:40		Break
10:50	JF 3/20 CC 3/22	New voucher stock -changes -new foods
11:00	LR	Perpetual inventory -overview -practice: releasing vouchers from inventory distributing/voiding vouchers; using input batching vouchers using inventory log: distrib/void date
12:15	DG	Handling input at state office Local program perspective
12:20		Lunch
1:30	AP	Monthly inventory check
2:00	CC	Input -input cycle -returning unusable input to LPs
2:30		Break
2:40		Wrap-up, evaluations

Food Delivery Agenda - Program Directors

May 22, 1985

Upcoming Accountability Activities

Separation of Certification and Issuance Duties

Security of Vouchers and Program Stamps

Cash Errors

Voucher Registers

Manual Voucher Inventory Log

Monthly Inventory Check

Upcoming Vendor Activities

Food Delivery Agenda - Program Assistants

June 19, 1985

Ordering Manual Vouchers

Manual Voucher Inventory

Manual Voucher Inventory Log

Issues in Dealing With WIC Participants

Processing Terminations

Using Management Reports

Questions and Answers

MASSACHUSETTS WIC PROGRAM

FOOD DELIVERY SYSTEM RECORDS INVENTORY

INSTRUCTIONS

1. PART I - Inventory

Complete one set of forms for each of the following fiscal years:

FY '81 (October '80 - September '81)
FY '82 (October '81 - September '82)
FY '83 (October '82 - September '83)
FY '84 (October '83 - September '84)

(NOTE: For those agencies that have not administered a WIC program for this total time period, complete forms for all fiscal years that apply. Note the following on the first page of the first set of forms completed:

"Start date of initial WIC contract:_____"

State funded WIC programs are to use federal fiscal year time periods for purposes of this inventory.)

A. Record Inventory Grid

1.) Identify the availability of each type of record for each month by inserting the appropriate code from the following table:

X	On hand and complete (i.e., all pages available; all information completed (when applicable with no exceptions).
(X)	On hand, but not complete (e.g., pages missing, information missing, signatures missing, etc.).
( )	Record missing.
N/A	Record does not apply to that month (e.g., Voucher Transmittal Records for Prepackaged Manual Vouchers did not exist prior to December 1983).
SA	Records were forwarded to State WIC Office as requested and were verified as complete.
(SA)	Records were forwarded to the State WIC Office as requested and were verified as incomplete.

FOOD DELIVERY SYSTEM RECORDS INVENTORY

B. Provide an explanation for each notation of (X) and/or ( ) on the inventory grid. As much detail as possible concerning the incomplete and/or missing documents should be provided (e.g., page numbers, count of missing signatures, reason missing, etc.).

2. Part II - Description of Filing and Storage Method

Provide a description of the filing and storage method you are using for each type of record. This description should include, but is not limited to:

- how are the records sorted?
- in what order are they kept?
- are they in files, storage boxes, etc.?
- where are they located?

If your method is not the same for all records of the same type, describe each method and identify the time period to which each applies. Please do not write an elaborate narrative for this purpose. A brief outline form is sufficient to detail all pertinent information so that a full understanding can be obtained of how your records are maintained.

Please attach sample copies of any logs, tracking sheets or other forms that you use for recording voucher activity.

3. Part III - Corrective Action Plan

A.) This part is to be completed if your inventory identifies any missing and/or incomplete records.

B.) Provide a narrative that describes:

1.) attempts that have been or will be made to locate missing records

2.) a plan of action to be implemented to ensure availability and completeness of all required records

3.) a time frame for implementation

4.) persons responsible for implementation of corrective action

5.) signature and date of the WIC Program Director and Agency Administrator

FOOD DELIVERY SYSTEMS RECORD INVENTORY

4. Complete and sign cover page. Assemble the package in the following order:

°Cover page

°Part I - Inventory:

Sections A and B together for each fiscal year; most recent fiscal year in front.

°Part II - Description of Filing and Storage Method

°Part III - Corrective Action

Submit the complete package by November 21, 1984 to:

Diane Reamsnyder
Assistant Director
Massachusetts WIC Program
150 Tremont Street, 3rd Floor
Boston, MA 02111

MASSACHUSETTS WIC PROGRAM

Food Delivery System Records Inventory

COVER PAGE

PROGRAM _____ AGENCY _____

Attached is the completed Food Delivery System Records Inventory for the local WIC program named above. This package contains the following (check all that apply).

PART I - Inventory

_____ A & B FY 81 (____ all months ____ partial)

_____ A & B FY 82 (____ all months ____ partial)

_____ A & B FY 83 (____ all months ____ partial)

_____ A & B FY 84 (____ all months ____ partial)

PART II - Description of Filing & Storage Methods (# of pages: _____)

PART III - Corrective Action Plan (# of pages: _____)

The signatures below certify that the information provided is accurate and complete concerning these records.

_____ _____
Signature of Program Director Signature of Agency Administrator

_____ _____
Name Name

_____ _____
Date Title

_____
Date

MASSACHUSETTS WIC PROGRAM

FOOD DELIVERY RECORD INVENTORY FOR FY _____

Part I - A

PROGRAM _____ AGENCY _____

	OCTOBER ___	NOVEMBER ___	DECEMBER ___	JANUARY ___	FEBRUARY ___	MARCH ___	APRIL ___	MAY ___	JUNE ___	JULY ___	AUGUST ___	SEPTEMBER ___
VOUCHER TRANSMITTAL RECORDS FOR:												
A. COMPUTER-GENERATED VOUCHERS												
B. PRE-PACKAGED MANUAL VOUCHERS												
C. SINGLE-ISSUE MANUAL VOUCHERS												
COMPUTER-GENERATED VOUCHER REGISTERS												
'ANUAL VOUCHER INPUT FORMS:												
A. GREEN - SIGNED COPIES (ISSUED VOUCHERS)												
B. WHITE - SIGNED COPIES (ISSUED VOUCHERS)												
C. WHITE - VOIDED OR DESTROYED VOUCHERS												
D. WHITE - UNUSED/ON HAND												
MANUAL VOUCHER INVENTORY LOGS												
MANUAL VOUCHER INVENTORY CHECK/VERIFICATION SHEET												
MANUAL VOUCHER DESTRUCTION LOG												

KEY TO CODES USED

X — On hand and complete

⊗ — On hand but not complete

O — Records missing

N/A — No applicable to that month

SA — Forwarded to State WIC office as requested, complete

(SA) — Forwarded to State WIC office as requested, not complete

MASSACHUSETTS WIC PROGRAM

FOOD DELIVERY RECORD INVENTORY FOR FY _____

Part I - B

PROGRAM _____ AGENCY _____

Page _____ of _____

RECORD NAME	MONTH	EXPLANATION OF MISSING AND/OR INCOMPLETE RECORDS

MASSACHUSETTS WIC PROGRAM

FOOD DELIVERY RECORD INVENTORY

Part II - DESCRIPTION OF FILING AND STORAGE METHOD

PROGRAM _____ AGENCY _____

Page _____ of _____

RECORD NAME	FISCAL YEAR(S)	DESCRIPTION

MASSACHUSETTS WIC PROGRAM

FOOD DELIVERY RECORD INVENTORY

Part III - CORRECTIVE ACTION PLAN

PROGRAM _____ AGENCY _____

Page _____ of _____

WIC Program Director Date Agency WIC Administrator Date

MASSACHUSETTS WIC PROGRAM

PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND

PURPOSES: Assessment of actual volume of manual vouchers currently maintained at each local program, and identification of all local program sites where vouchers are stored.

INSTRUCTIONS

1. All counts must be completed during the week of November 26-30, 1984.

2. A separate count is to be done for each kind of voucher (prepackaged and single) for each site.

   NOTES: a. if no vouchers are stored at a site, complete each form for that site and enter zeroes for total counts.

   b. if a supply of vouchers is stored in a locked travel box for transport from site to site, these should be counted as a separate "site", and "travel box" entered for site name.

   c. if you have assembled single vouchers into packages, there is a separate form to be used for these so that you don't have to break them down into single types.

3. When counts are completed for all sites, summary sheets are to be completed, compiling the data for your total program. There are separate summary sheets for each kind of voucher. (If your program is a single site note on the sheet that there are no other sites.)

4. Assemble all completed forms in the following order:

   - Prepackaged Voucher Summary Sheet
     - attach individual site sheets in numerical order by site code

   - Single Voucher Summary Sheet
     - attach individual site sheets in numerical order by site code

   - Packages Assembled from Single Vouchers
     - attach individual site sheets in numerical order by site code

5. Return entire package no later than December 14, 1984 to

   Lucy Costa
   Operations Assistant
   Massachusetts WIC Program
   150 Tremont Street, 3rd floor
   Boston, MA 02111

Please remember to keep copies for your records.

MASSACHUSETTS WIC PROGRAM 11/84

PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND

Agency Name: _____ Date Count Completed: _____

Program Name: _____ Program Code: _____

Site Name: _____ Site Code: _____

SITE COUNT

PREPACKAGED MANUAL VOUCHERS WITH PREPRINTED REGISTER/INPUT FORMS

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
01		x4		
02		x4		
03		x5		
04		x5		
05		x4		
06		x5		
07		x4		
08		x5		
09		x5		
10		x5		
11		x4		
12		x5		
13		x5		
14		x4		
15		x4		
16		x5		
17		x4		
18		x5		
19		x2		
20		x3		
21		x1		
SUBTOTALS		/////// ///////		/////// ///////

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
22		x1		
23		x2		
24		x1		
25		x2		
26		x5		
84		x6		
85		x6		
86		x7		
87		x6		
88		x6		
89		x4		
90		x5		
91		x4		
92		x5		
93		x8		
94		x9		
95		x10		
96		x3		
97		x4		
98		x5		
SUBTOTALS		///// /////		/////// ///////

SITE TOTAL: # PACKAGES _____ # VOUCHERS _____

I certify that on the date noted above, the count of all the above manual vouchers on hand was completed and that the above information is complete and accurate.

_____ _____

WIC Program Director Date Agency Administrator Date

MASSACHUSETTS WIC PROGRAM 11/84

PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND

Agency Name: _____ Date Count Completed: _____

Program Name: _____ Program Code: _____

PROGRAM SUMMARY

PREPACKAGED MANUAL VOUCHERS WITH PREPRINTED REGISTER/INPUT FORMS

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
01		x4		
02		x4		
03		x5		
04		x5		
05		x4		
06		x5		
07		x4		
08		x5		
09		x5		
10		x5		
11		x4		
12		x5		
13		x5		
14		x4		
15		x4		
16		x5		
17		x4		
18		x5		
19		x2		
20		x3		
21		x1		
SUBTOTALS		//////// //////		//////// ////////

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
22		x1		
23		x2		
24		x1		
25		x2		
26		x5		
84		x6		
85		x6		
86		x7		
87		x6		
88		x6		
89		x4		
90		x5		
91		x4		
92		x5		
93		x8		
94		x9		
95		x10		
96		x3		
97		x4		
98		x5		
SUBTOTALS		///// /////		//////// ////////

PROGRAM TOTAL: # PACKAGES _____ # VOUCHERS _____

I certify that on the date noted above, the count of all the above manual vouchers on hand was completed and that the above information is complete and accurate.

_____ _____

WIC Program Director Date Agency Administrator Date

MASSACHUSETTS WIC PROGRAM 11/84

PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND

Agency Name: _____ Date Count Completed: _____

Program Name: _____ Program Code: _____

PROGRAM SUMMARY

SINGLE MANUAL VOUCHERS

VOUCHER TYPE	# OF VOUCHERS ON HAND	INITIALS OF COUNTER	VOUCHER TYPE	# OF VOUCHERS ON HAND	INITIALS OF COUNTER	VOUCHER TYPE	# OF VOUCHERS ON HAND	INITIALS OF COUNTER
01			24			45		
02			25			46		
03			26			47		
04			27			48		
05			28			49		
06			29			50		
07			30			51		
08			31			52		
09			32			53		
10			33			54		
11			34			55		
12			35			56		
13			36			57		
14			37			58		
15			38			59		
16			39			60		
17			40			61		
20			41			62		
21			42			63		
22			43			99		
23			44					
SUBTOTALS		//////////	//////////		//////////	//////////		//////////

PROGRAM TOTAL # OF SINGLE VOUCHERS _____

I certify that on the date noted above, the count of all the above manual vouchers on hand was completed and that the above information is complete and accurate.

_____ _____

WIC Program Director Date Agency Administrator Date

MASSACHUSETTS WIC PROGRAM 11/84

PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND

Agency Name: _____ Date Count Completed: _____

Program Name: _____ Program Code: _____

Site Name: _____ Site Code: _____

SITE COUNT

SINGLE MANUAL VOUCHERS

VOUCHER TYPE	# OF VOUCHERS ON HAND	INITIALS OF COUNTER	VOUCHER TYPE	# OF VOUCHERS ON HAND	INITIALS OF COUNTER	VOUCHER TYPE	# OF VOUCHERS ON HAND	INITIALS OF COUNTER
01			24			45		
02			25			46		
03			26			47		
04			27			48		
05			28			49		
06			29			50		
07			30			51		
08			31			52		
09			32			53		
10			33			54		
11			34			55		
12			35			56		
13			36			57		
14			37			58		
15			38			59		
16			39			60		
17			40			61		
20			41			62		
21			42			63		
22			43			99		
23			44					
SUBTOTALS		//////// ////////	//////// ////////		//////// ////////	//////// ////////		//////// ////////

SITE TOTAL # OF SINGLE VOUCHERS _____

I certify that on the date noted above, the count of all the above manual vouchers on hand was completed and that the above information is complete and accurate.

_____ _____

WIC Program Director Date Agency Administrator Date

MASSACHUSETTS WIC PROGRAM 11/84

PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND

Agency Name: _____ Date Count Completed: _____

Program Name: _____ Program Code: _____

PROGRAM SUMMARY

PACKAGES ASSEMBLED FROM SINGLE VOUCHERS

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
01		x4		
02		x4		
03		x5		
04		x5		
05		x4		
06		x5		
07		x4		
08		x5		
09		x5		
10		x5		
11		x4		
12		x5		
13		x5		
14		x4		
15		x4		
16		x5		
17		x4		
18		x5		
19		x2		
20		x3		
21		x1		
SUBTOTALS		////// //////		////// //////

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
22		x1		
23		x2		
24		x1		
25		x2		
26		x5		
84		x6		
85		x6		
86		x7		
87		x6		
88		x6		
89		x4		
90		x5		
91		x4		
92		x5		
93		x8		
94		x9		
95		x10		
96		x3		
97		x4		
98		x5		
SUBTOTALS		////// //////		////// //////

PROGRAM TOTAL: # PACKAGES _____ # VOUCHERS _____

I certify that on the date noted above, the count of all the above manual vouchers on hand was completed and that the above information is complete and accurate.

_____ _____

WIC Program Director Date Agency Administrator Date

MASSACHUSETTS WIC PROGRAM 11/84

PRELIMINARY COUNT OF MANUAL (EMERGENCY) VOUCHERS ON HAND

Agency Name: _____ Date Count Completed: _____

Program Name: _____ Program Code: _____

Site Name: _____ Site Code: _____

SITE COUNT

PACKAGES ASSEMBLED FROM SINGLE VOUCHERS

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
01		x4		
02		x4		
03		x5		
04		x5		
05		x4		
06		x5		
07		x4		
08		x5		
09		x5		
10		x5		
11		x4		
12		x5		
13		x5		
14		x4		
15		x4		
16		x5		
17		x4		
18		x5		
19		x2		
20		x3		
21		x1		
SUBTOTALS		//////// //////		//////// ////////

FOOD PACKAGE #	# OF PACKAGES ON HAND	# OF VOUCHERS IN PKG.	# OF VOUCHERS	INITIALS OF COUNTER
22		x1		
23		x2		
24		x1		
25		x2		
26		x5		
84		x6		
85		x6		
86		x7		
87		x6		
88		x6		
89		x4		
90		x5		
91		x4		
92		x5		
93		x8		
94		x9		
95		x10		
96		x3		
97		x4		
98		x5		
SUBTOTALS		///// /////		//////// ////////

SITE TOTAL: # PACKAGES _____ # VOUCHERS _____

I certify that on the date noted above, the count of all the above manual vouchers on hand was completed and that the above information is complete and accurate.

_____ _____

WIC Program Director Date Agency Administrator Date

MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER AVERAGE USE ANALYSIS

PURPOSE: Assessment of number of manual voucher packages and single vouchers 99's used (issued or voided) monthly at each local program in order to determine appropriate size of a 2-month inventory of manual voucher stock for each local program.

INSTRUCTIONS

1. This is a count of all manual voucher packages and single voucher 99's used from October 1, 1984 through November 30, 1984. Therefore the count must include those manual voucher packages and single voucher 99's that were voided as well as those issued.

2. Determine the number of manual voucher packages and single voucher 99's used by counting signed and/or voided input copies used in October and November 1984.

3. For the purpose of this count, one issued package is any of the following:

   - full prepackaged package
   - partial prepackaged package (some vouchers voided)
   - prepackaged package with vouchers added to make another standard package (e.g. voucher 07 added to package 15 is a package 16)
   - full package made from single manual vouchers
   - partial package made from single manual vouchers

   For this count, one voided package is any of the following:

   - full prepackaged package - all vouchers voided
   - full package made from single manual vouchers - all vouchers voided
   - partial package made from single manual vouchers - all vouchers voided

   (NOTE: 1. If you have a full package and a partial package entered on 1 input, count them as 2 packages.

   2. Packages made with single voucher 99's for special formula or other State-approved packages such as Lactaid should not be counted as packages. Voucher 99's are to be counted individually.)

4. Only the Program Summary should be submitted to the State WIC Office. However, a count should be done at each site where October 1984 and November 1984 signed and/or voided inputs are kept. A site count worksheet is enclosed for this purpose.

5. There are two different ways to fill in the forms depending on how you store your signed and/or voided input forms.

OPTION A - If you store your signed and/or voided input forms by month:

1. Sort October 1984 and November 1984 signed and/or voided inputs by packages.

2. Count the number of each package issued and each package voided. (You may use the OPTIONAL WORKSPACE to keep track of your numbers for October and November 1984.)

3. Record the total number of packages issued and packages voided in October 1984 and November 1984 under TOTAL OCT AND NOV 84.

4. Subtotal the number of packages issued and the number of packages voided under TOTAL OCT AND NOV 84.

5. Record the total number of packages issued and the number of packages voided at the bottom of the page.

OPTION B - If you store your signed and/or voided input forms by package and serial number:

1. Count and record the number of each package issued and each package voided October 1, 1984 through November 30, 1984 under TOTAL OCT AND NOV 84.

2. Subtotal the number of packages issued and the number of packages voided under TOTAL OCT AND NOV 84.

3. Record the total number of packages issued and packages voided at the bottom of the page.

6. Count and record the total number of single voucher 99's issued and the number of single voucher 99's voided in October and November 1984 at the bottom of the page.

7. Fill in Program Summary with total numbers of packages and single voucher 99's issued and voided at all sites. Fill in your caseload and waiting list status as of October 1, 1984 and November 1, 1984. Check off the reasons you use single voucher 99's. You do not need to type this Program Summary.

8. Please return the Program Summary postmarked no later than January 11, 1985 to:

Lucy Costa, Operations Assistant
Massachusetts WIC Program
150 Tremont Street, 3rd Floor
Boston, MA 02111

We will discuss the use of this information at the Program Directors'/ Nutritionists' Meeting on January 22, 1985.

9. If you feel that your use of manual voucher packages was significantly higher in December 1984 than in October and November, and if you want that fact to be taken into consideration when determining your 2-month supply of manual voucher packages, use a copy of the Program Summary to record (in the blank columns) the numbers of packages issued and voided in December 1984, write in the total, and mail it to Lucy Costa postmarked no later than February 15, 1985.

MASSACHUSETTS WIC PROGRAM 12/84

AGENCY NAME _____ PROGRAM NAME _____

PROGRAM SUMMARY

USE OF MANUAL VOUCHER PACKAGES (ISSUED AND/OR VOIDED)

(PRE-PACKAGED OR ASSEMBLED FROM SINGLE MANUAL VOUCHERS)

FOOD PACKAGE #	OPTIONAL WORKSPACE OCT 84 ISS/VOID	OPTIONAL WORKSPACE NOV 84 ISS/VOID	TOTAL OCT AND NOV 84 ISS/VOID	
01	/	/	/	
02	/	/	/	
03	/	/	/	
04	/	/	/	
05	/	/	/	
06	/	/	/	
07	/	/	/	
08	/	/	/	
09	/	/	/	
10	/	/	/	
11	/	/	/	
12	/	/	/	
13	/	/	/	
14	/	/	/	
15	/	/	/	
16	/	/	/	
17	/	/	/	
18	/	/	/	
19	/	/	/	
20	/	/	/	
21	/	/	/	
SUBTOTAL			/	

FOOD PACKAGE #	OPTIONAL WORKSPACE OCT 84 ISS/VOID	OPTIONAL WORKSPACE NOV 84 ISS/VOID	TOTAL OCT AND NOV 84 ISS/VOID	
22	/	/	/	
23	/	/	/	
24	/	/	/	
25	/	/	/	
26	/	/	/	
84	/	/	/	
85	/	/	/	
86	/	/	/	
87	/	/	/	
88	/	/	/	
89	/	/	/	
90	/	/	/	
91	/	/	/	
92	/	/	/	
93	/	/	/	
94	/	/	/	
95	/	/	/	
96	/	/	/	
97	/	/	/	
98	/	/	/	
SUBTOTAL			/	

1. PROGRAM TOTAL # PKGS ISSUED IN OCT AND NOV _____
2. PROGRAM TOTAL # PKGS VOIDED IN OCT AND NOV _____
3. PROGRAM TOTAL # VOUCHER 99's ISSUED IN OCT AND NOV _____
4. PROGRAM TOTAL # VOUCHER 99's VOIDED IN OCT AND NOV _____

Voucher 99's are used for: (Check any that apply)

____ Special formula packages

____ State-approved packages such as Lactaid

____ Replacement for pre-printed vouchers

	OCT 84	NOV 84
5. CASELOAD		
6. WAITING LIST STATUS		

_____
WIC Program Director Date

MASSACHUSETTS WIC PROGRAM 12/84

SITE COUNT WORKSHEET - /DO NOT SUBMIT/

USE OF MANUAL VOUCHER PACKAGES (ISSUED AND/OR VOIDED)

(PRE-PACKAGED OR ASSEMBLED FROM SINGLE MANUAL VOUCHERS)

FOOD PACKAGE #	OPTIONAL WORKSPACE OCT 84 ISS/VOID	OPTIONAL WORKSPACE NOV 84 ISS/VOID	TOTAL OCT AND NOV 84 ISS/VOID	
01	/	/	/	
02	/	/	/	
03	/	/	/	
04	/	/	/	
05	/	/	/	
06	/	/	/	
07	/	/	/	
08	/	/	/	
09	/	/	/	
10	/	/	/	
11	/	/	/	
12	/	/	/	
13	/	/	/	
14	/	/	/	
15	/	/	/	
16	/	/	/	
17	/	/	/	
18	/	/	/	
19	/	/	/	
20	/	/	/	
21	/	/	/	
	SUBTOTAL		/	

FOOD PACKAGE #	OPTIONAL WORKSPACE OCT 84 ISS/VOID	OPTIONAL WORKSPACE NOV 84 ISS/VOID	TOTAL OCT AND NOV 84 ISS/VOID	
22	/	/	/	
23	/	/	/	
24	/	/	/	
25	/	/	/	
26	/	/	/	
84	/	/	/	
85	/	/	/	
86	/	/	/	
87	/	/	/	
88	/	/	/	
89	/	/	/	
90	/	/	/	
91	/	/	/	
92	/	/	/	
93	/	/	/	
94	/	/	/	
95	/	/	/	
96	/	/	/	
97	/	/	/	
98	/	/	/	
		SUBTOTAL	/	

1. SITE TOTAL # PKGS ISSUED IN OCT AND NOV _____
2. SITE TOTAL # PKGS VOIDED IN OCT AND NOV _____
3. SITE TOTAL # VOUCHER 99's ISSUED IN OCT AND NOV _____
4. SITE TOTAL # VOUCHER 99's VOIDED IN OCT AND NOV _____

H

PARTICIPANT I D NO	NAME OF PARTICIPANT	LOCATION	VOUCHER NO	DATE OF ISSUE

IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION

MASSACHUSETTS WIC PROGRAM
STATE STREET BANK AND TRUST COMPANY
BOSTON, MA 02101

5-2
110

ACTUAL WIC PURCHASE PRICE
$

PAY TO
THE ORDER OF .

UNAUTHORIZED VENDORS MAY NOT ACCEPT THIS VOUCHER

VENDOR: VOID FOR PURCHASE 30 DAYS AFTER DATE OF ISSUE. VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM DATE OF ISSUE. NOT VALID IN EXCESS OF $15.

NOT VALID WITHOUT MASS WIC PROGRAM STAMP

I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM

THE CORRECT PRICE WAS WRITTEN IN MY PRESENCE

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE PRICE SHOWN ON THE FACE OF THIS VOUCHER IS THE CORRECT AND TRUE PRICE OF THE AUTHORIZED WIC FOODS PURCHASED

VENDOR ENDORSEMENT

WIC APPROVED FOODS

MILK

Whole liquid skim nonfat

Evaporated whole skim
Reduced
Qkim
Instant
Whole liquid nonfat

CHEESE Domestic Only

Hard
Mild Cheddar types
Mozz
Monterey Jack
Provolone
Colby
Muenster
Farmer
Edam

JUICE 100% fruit juice only

Single bottle carton frozen
Select 3 frozen concentrated cans
in one carton
West Lynn Creamery carton
Single fruit bottle carton frozen
12 oz can frozen may substitute
Two 6 oz cans frozen

EGGS

Large grade A

PEANUT BUTTER

Any brand

DRIED PEAS or BEANS

Any type or brand in bags only

CEREAL

Corn Flks
Cheerios Total Special K
Rice Krispies
Chex
Instant
Wheat Chex Regular
Raisin Bran
Post Toasties Corn Flakes
Mini Wheats
Maypo
Quaker Instant Oatmeal
Quaker Old Fashioned Oats or Hot Oat Meal
Malt-O-Meal
Product 19
Quaker Instant Oatmeal
Regular
Total

INFANT FORMULA

Iron fortified liquid
Concentrate or powder
Milk or Soy based
Ready to feed iron or
prescription formulas
only when specified on
voucher by MD

INFANT CEREAL

Dry, iron fortified any
brand
Not cereals with added
fruit flavors

INFANT JUICE

Any flavor or brand

WIC PROGRAM
150 Tremont Street, 3rd floor
Boston, MA 02111

These Participant Input Forms can not be keypunched and are being returned to you for one of the following reasons:

Type 1 batched as a Type 2
Type 2 batched as a Type 1
Missing a critical field in the header
Illegible
Check for change block empty

Please complete properly and resubmit. Thank You.

Donna Blischke
Operations Assistant
State WIC Office

VENDOR RECORDS REVIEWS
MASSACHUSETTS WIC PROGRAM
FY 85

	SITE VISIT
Allston/Brighton WIC Program	1/17
Athol WIC Program	11/21
Berkshire WIC Program	12/12
Beverly/Gloucester WIC Program	11/30
Brockton WIC Program	2/20
Cambridge WIC Program	1/7
Cape Cod WIC Program	2/27
Charlestown/Chelsea WIC Program	1/11
Chicopee/Holyoke WIC Program	12/12
Dorchester/Roxbury WIC Program	2/7
Fall River WIC Program	2/19
Framingham WIC Program	12/4
Franklin County WIC Program	11/21
Hampshire County WIC Program	12/11
Haverhill WIC Program	11/27
Holyoke/Westfield WIC Program	12/11
Jamaica Plain WIC Program	2/1
Lawrence WIC Program	12/7
Lowell WIC Program	12/15
Malden/Revere WIC Program	11/27
New Bedford WIC Program	2/19
North Central WIC Program	2/25
North Shore WIC Program	11/30
Plymouth WIC Program	2/27
Quincy WIC Program	1/18
Roxbury/Mattapan WIC Program	2/1
Somerville/Medford WIC Program	2/1
South Boston WIC Program	1/21
South Central WIC Program	12/13
South Dorchester WIC Program	1/18
South End WIC Program	1/21
Springfield WIC Program	12/13
Taunton WIC Program	3/12
Upham's Corner WIC Program	2/8
Worcester WIC Program	12/4

DEPARTMENT OF PUBLIC HEALTH

MASSACHUSETTS WIC PROGRAM

INSTRUCTIONS FOR STAFF CONDUCTING VENDOR RECORDS REVIEWS AT LOCAL PROGRAMS

Before visit to local program

1. Call program to schedule visit; obtain directions if necessary.
2. Obtain late FY '84 and current FY '85 vendor masterfile lists, by program.
3. Prepare review forms: place vendor ID numbers, names and addresses from lists onto forms and fill in fiscal year at top of each form (blue for FY'84, apricot for '85).
4. Compare 2 masterfile lists to establish tentative list of new vendors for each local program; notify program of list before visit.

At local program

1. Locate vendor records and learn filing system.
2. Ask Program Director to confirm which vendors are new in FY '85; note on forms.
3. Fill in forms for all FY '84 and '85 vendors. Items are explained below.

REVIEW OF FY_____ VENDOR RECORDS
Give date of records reviewed.

PAGE____OF_____
Number consecutively for each fiscal year's records.

REVIEWER'S SIGNATURE/DATE
Give full name and date of review.

KEY
- ✓ PRESENT - item is in vendor's file
- 0 MISSING - item is required but not in file
- NA NOT APPLICABLE - this applies only to columns for ✓IF NEW, PRICE LISTS, EXP/TERM/FS LETTERS, and SITE REPORT.

ID NO./VENDOR NAME & ADDRESS
Write in any corrections or additions to the masterfile information, including vendors not listed on masterfile.

INSTRUCTIONS FOR STAFF CONDUCTING VENDOR RECORDS REVIEWS AT LOCAL PROGRAMS (cont.)

✓ IF NEW
Get this information from Program Director, as noted above.
A "new vendor" is one which:

- has no previous WIC connection, or
- is a new owner/management of a store with a previous WIC agreement, or
- once had a WIC agreement but has been "off" WIC more than one year, or
- previously had a WIC agreement but has moved.

Thus a store which had a previous agreement with another WIC program is not a "new vendor."

Write NA if vendor is not new.

APPLICATION
Is there a Food Vendor or Pharmacy Application?

SIGNATURE
Does the application have the vendor's signature?

SELECTION CHECKLIST
Is there a Food Vendor or Pharmacy Selection Checklist (mandatory minimum checklist)?

COMPOSITE PRICE
Is there a Food Vendor or Pharmacy Composite Price Calculation?

ACCEPTANCE LETTER
Is there a copy of WIC's acceptance letter to the vendor?

AGREEMENT
Is there a WIC Vendor Agreement?

VENDOR SIGNATURE
Is the agreement signed by the vendor?

WIC SIGNATURE
Is the agreement signed by the WIC Program or Local Agency?

STAMP RECEIPT
Is there a receipt from the vendor for the vendor stamp?

INSTRUCTIONS FOR STAFF CONDUCTING VENDOR RECORDS REVIEWS AT LOCAL PROGRAMS (cont.)

PRICE LISTS
Are price lists for July, October, January and April on file? They should be on file by July 31, October 8, January 8, and April 8.
Notes: - Since a July price list is part of the next fiscal year's application, it is likely to be filed with that year's records although it relates to the previous fiscal year.
- For FY '84, the July and October 1983 price list boxes should be marked NA. (July relates to FY'83; there was no October price li
- For FY '85, all boxes for price lists not yet due should be marked NA.

EXP/TERM/FS LETTER
For FY '84, is there a copy of one of the following?
- an expiration of authorization letter from WIC
- a termination letter from WIC
- a Food Stamp disqualification/termination letter from WIC

For FY '85, these boxes should be marked NA.

ON-SITE REVIEW
For all FY '84 vendors, and new FY '85 vendors whose records are being reviewed in the first quarter of FY '85, these boxes should be marked NA (even if form is present).

For all other new FY '85 vendors, is there a Vendor On-Site Review Form?

ID's/NAMES/ADDRESSES INCORRECT OR MISSING ON MASTERFILE
For how many vendors were corrections or additions necessary?

O's
Total the O's in each column.

✓'s + O's
Total the ✓'s and O's in each column.

IS FILING SYSTEM WELL-ORGANIZED?
Is the Program's filing system well-organized so that information can be easily located? Answer once for each program.

COMMENTS
Make any brief comments or footnotes necessary, in reference to specific items or overall records.

INSTRUCTIONS FOR STAFF CONDUCTING VENDOR RECORDS REVIEWS AT LOCAL PROGRAMS (cont.)

After local program visit

1. Transfer information from review forms onto a summary sheet for each fiscal year at each program, within one week.

   REVIEW OF FY _____ VENDOR RECORDS
   Give date of records reviewed.

   ITEM 1
   Give total records reviewed for this fiscal year.

   ITEM 2, 3
   Total the figures from bottom of all review forms. (Item 2 = #0's; Item 3 = #✓'s + 0's.)

   ITEM 4
   Divide total from Item 2 by total of Item 3; multiply by 100.

2. Complete rest of summary sheet.

   ITEM 5
   Take from review forms.

   ITEM 6
   Repeat any major comments from review forms; add others as necessary.

   ITEM 7
   State corrective actions to be taken, and by when, to resolve specific or systemic vendor records problems.

3. Mail copies of all review forms and summary sheets to Program Directors within two weeks from date of review, with cover letter.

4. Follow up on corrective actions as needed.

MASSACHUSETTS WIC PROGRAM

12/84

REVIEW OF FY _____ VENDOR RECORDS

SUMMARY SHEET

PROGRAM _____

1. TOTAL NUMBER OF RECORDS REVIEWED _____

	ID/NAME/ADDRESS *	APPLICATION	SIGNATURE	SELECTION CHECKLIST	COMPOSITE PRICE	ACCEPTANCE LETTER	AGREEMENT	VENDOR SIGNATURE	WIC SIGNATURE	STAMP RECEIPT	PRICE LISTS	EXP/TERM/FS LETTER	ON-SITE REVIEW	TOTAL
2. # ITEMS MISSING														
3. # ITEMS REQUIRED														

*number of vendor records missing or incorrect on masterfile

4. % OF REQUIRED ITEMS MISSING _____

5. IS FILING SYSTEM WELL-ORGANIZED? YES_____ NO_____

6. COMMENTS:

7.

CORRECTIVE OR PREVENTIVE ACTION NEEDED	DATE NEEDED	TO BE COMPLETED BY LOCAL PROGRAM: DATE COMPLETED	TO BE COMPLETED BY LOCAL PROGRAM: COMMENTS

Mass. WIC signature Date

Program Director's signature Date

Agency Administrator's signature Date

PART I: REVIEW OF FY 1985 GOALS AND OBJECTIVES
SECTION: C.2
PAGE: 36
DATE: 8/85

MASSACHUSETTS WIC PROGRAM

REVIEW OF FY ____ VENDOR RECORDS

PROGRAM _____ DIRECTOR _____

12/84

KEY: ✓ PRESENT O MISSING , N/A NOT APPLICABLE
See Instructions for more Information.

ID NO.	VENDOR NAME & ADDRESS	✓ IF NEW	APPLICATION	SIGNATURE	SELECTION CHECKLIST	COMPOSITE PRICE	ACCEPTANCE LETTER	AGREEMENT	VENDOR SIGNATURE	WIC SIGNATURE	STAMP RECEIPT	PRICE LISTS Jl	Oc	Ja	Ap	EXP/TERM/FS LETTERS	ON-SITE REVIEW
# ID's/NAMES/ADDRESSES INCORRECT OR MISSING ON MASTERFILE _____		# O's															
		# ✓'s + O's															

IS FILING SYSTEM WELL-ORGANIZED? YES _____ NO _____ REVIEWER'S SIGNATURE AND DATE _____

COMMENT FOOTNOTES:

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

FOOD DELIVERY: VENDORS

The primary objectives for Food Delivery: Vendors for FY 85 were:

1. To maintain ongoing standards in contracting with vendors across the state.

   A. Revise vendor agreement to reflect policy changes in FY 84.

      Completed. See Part V, Section B.8a of the Procedure Manual for the FY 85 revised vendor agreement.

   B. Revise sanction protocol format to coincide with vendor agreement format.

      Completed. See Part V, Section B.14 of the Procedure Manual for the revised FY 85 vendor sanction policy.

   C. Translate full agreement into Spanish.

      Completed. Distributed to local agencies for translation purposes in October, 1984 for use in FY 85.

2. To collaborate with food delivery staff in determining a system to minimize loss through vendor abuse.

   Collaboration has begun with ARVA staff to implement a high risk vendor identification system on the mainframe computer. This system will become a regular part of the food delivery system and will provide the mechanism to identify vendors for high risk vendor monitoring.

   Collaboration has also begun with ARVA staff to implent a Vendor Information System (VIS) on the microcomputer. The VIS will expand the ability to manage information about vendors. In particular, it will facilitate communication between local WIC program staff and the state WIC office about vendor compliance history and participant complaints, and about routine vendor monitoring protocols.

3. To institute site visits to all local programs to review compliance with vendor record requirements.

   Completed. See Part I: REVIEW OF FY 85 GOALS AND OBJECTIVES, Section C.2: FOOD DELIVERY: OPERATIONS.

4. To provide technical assistance to local agency personnel to maximize positive vendor relations.

   A. Revise procedure manual as necessary.

      Completed. Procedure Manual was updated by providing clarifications on issues related to vendor monitoring and vendor training.

   B. Participate in local program directors' inservice training, as appropriate.

      Completed. Food delivery staff presented a session on training vendors and cashiers and teaching participants to shop with WIC vouchers. This session was held at a program directors' business meeting.

Additional FY 85 Accomplishments

Vendor application procedures were substantially revised and improved to decrease costs, increase accountability, and reduce the number of incomplete applications. See Part V, Section B.3c for the FY 86 Vendor Agreement Application Packet. Cashier training materials are being developed for use in FY 86.

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

FOOD DELIVERY: MONITORING

The primary objectives for Food Delivery: Monitoring for FY 85 were:

1. To develop a staff team at the State level to assume responsibility for review and recommendation on all aspects of voucher security throughout the WIC system.

   A. Determine appropriate staff assignment.

      Completed. The staff team consists of the Food Delivery Director, Vendor Compliance Coordinator, Program Specialist in Food Delivery, Food Delivery Operations Assistant, EDP Operations Coordinator and Vendor Compliance Assistant.

   B. Identify those areas particularly at risk for loss within the food delivery system.

      Completed. The areas determined to be at highest risk were manual vouchers, undistributed vouchers and the physical security of vouchers and stamps.

   C. Develop a twelve-month plan to implement recommended procedural changes/corrective action to minimize risk.

      Completed. See FOOD DELIVERY ACCOUNTABILITY SYSTEMS REVIEW on page 2 of this section.

2. To provide for maximum voucher security throughout the system.

   A. Standardize voucher handling procedures at the local level.

      Completed. See Part V, Section A.2d of the Procedure Manual.

   B. Develop and implement a perpetual inventory system for manual issue vouchers at the state and local level.

      Completed. See Part V, Section A.2c(4) of the Procedure Manual.

3. To conduct site reviews of all programs which have not been formally audited to assess compliance with State WIC protocol for food delivery systems use, voucher security and accountability.

   Site reviews of all programs have been completed for the vendor system. Voucher system reviews will begin in August, 1985. Extensive technical assistance was provided on a case-by-case basis.

AS OF 5 / 31 / 85

MASSACHUSETTS WIC PROGRAM

FOOD DELIVERY ACCOUNTABILITY SYSTEMS REVIEW FY'85

KEY
O INITIATED
◐ PARTIAL
● COMPLETED

LOCAL PROGRAM	New Void Procedures	New Voucher Receipt Pro.	Records Inventory	Preliminary Voucher Count	Vendor Records Review	Average Use Analysis	Voiding Excess Vouchers	Staff Training	New Voucher Ordering Syst.	Perpetual Inventory
Allston/Brighton WIC	●	●	●	●	●	●	●	●	●	●
Athol WIC	●	●	●	●	●	●	●	●	●	●
Berkshire WIC	●	●	●	●	●	●	●	●	●	●
Beverly/Gloucester WIC	●	●	●	●	●	●	●	●	●	●
Brockton WIC	●	●	●	●	●	●	●	●	●	●
Cambridge WIC	●	●	●	●	●	●	●	●	●	●
Cape Cod WIC	●	●	●	●	●	●	●	●	●	●
Charlestown/Chelsea WIC	●	●	●	●	●	●	●	●	●	●
Chicopee/Holyoke WIC	●	●	●	●	●	●	●	●	●	●
Dorchester/Roxbury WIC	●	○	●	○	●	○	●	●	●	●
Fall River WIC	●	●	●	●	●	●	●	●	●	●
Framingham WIC	●	●	●	●	●	●	●	●	●	●
Franklin County WIC	●	●	●	●	●	●	●	●	●	●
Hampshire County WIC	●	●	●	●	●	●	●	●	●	●
Haverhill WIC	●	●	●	●	●	●	●	●	●	●
Holyoke/Westfield WIC	○	●	●	○	●	●	●	●	●	●
Jamaica Plain WIC	●	●	○	●	●	●	●	●	●	●
Lawrence WIC	○	●	●	●	●	●	●	●	●	●
Lowell WIC	●	●	●	●	●	●	●	●	●	●
Lynn WIC	●	●	●	●	●	●	●	●	●	●
Malden/Revere WIC	●	●	●	●	●	●	●	●	●	●
New Bedford WIC	●	●	●	●	●	●	●	●	●	●
North Central WIC	●	○	●	●	●	●	●	●	●	●
Plymouth WIC	●	●	●	●	●	●	●	●	●	●
Quincy WIC	●	○	●	●	●	●	●	●	●	●
Roxbury WIC	○	○	●	●	●	●	●	●	●	●
Somerville/Medford WIC	●	○	●	●	●	●	●	●	●	●
South Boston WIC	○	●	●	●	●	●	●	●	●	●
South Central WIC	○	○	●	●	●	●	●	●	●	●
So. Dorch./Ros. WIC	○	●	●	●	●	●	●	●	●	●
South End WIC	●	●	●	●	●	●	●	●	●	●
Springfield WIC	●	●	●	●	○	●	●	●	●	●
Taunton WIC	●	●	●	●	●	●	●	●	●	●
Upham's Corner WIC	●	●	●	○	●	●	●	●	●	●
Worcester WIC	●	●	●	●	●	●	●	●	●	●

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

FOOD DELIVERY: APPLIED RESEARCH ON VENDOR ABUSE (ARVA)

The primary objectives for ARVA for FY 85 were:

1. To generate a high risk vendor screening report that will identify those vendors most likely to abuse the food delivery system.

   A. Select most appropriate high risk indicators based on validating testing undertaken in FY 84.

      ARVA staff completed extensive statistical analysis of the results of over 700 compliance purchases conducted to test the effectiveness of the hypothesized indicators of potential abuse. Based on the results of the validation testing, seven of the 16 indicators were excluded from the final version of the ARVA Model.

   B. Develop format and software for reports; produce reports.

      ARVA staff have developed the formats for the ARVA High Risk Vendor Report: the Ranking report, the Detail report, and the Special Listings report as well as the formats for the six Supplementary Reports. The ARVA Project hired a part-time computer programmer whose sole responsibility was to develop the software for the ARVA Model for Identifying High Risk Vendors. The software for the ARVA Model is complete, and the ARVA High Risk Vendor System will be fully operational by FY 86.

2. To implement an automated vendor information system on a micro-computer which will assist the vendor monitoring staff in keeping track of vendors.

   A. Enter vendor data into micro-computer data base.

      In conjunction with the EDP staff, the ARVA staff have completed the development of the files for managing vendor data on the micro-computer.

      The files consist of administrative information from the vendor authorization application, and monitoring and sanction information. Although the development of these files is complete, limited programmer time has necessitated deferring actual data entry.

   B. Develop a "tickler" report which would list those vendors where action needs to be taken.

      A VIS Monitoring Activity Report and a Supplemental High Risk Report were developed to "flag" vendors where action needs to be taken. Use of these reports will be implemented in FY 86.

C. Develop a summary report of all information on any given vendor to be generated on an as-requested basis.

See 2.B above.

3. To continue to provide technical assistance to the other ARVA consortium states in developing and implementing their high-risk screening systems.

A. Write a report documenting all aspects of the high-risk system.

ARVA staff are revising the final draft of a report documenting the development of the ARVA Model for Identifying High Risk Vendors. This report, entitled "High Risk Indicators of Vendor Abuse", describes in detail the methodology used to develop and test the ARVA Model. The final version of this report will be completed and available for distribution to all interested WIC state agencies by the end of FY 85.

B. Design and implement a high-risk vendor screening system in a second demonstration state.

The ARVA staff have completed the design of the ARVA High Risk System in Colorado, the second demonstration state. The software and documentation for the Colorado system are complete, and have been tested in Massachusetts. Software for the system has been transferred to Colorado and will be operational by the end of FY 85.

C. Write a technical assistance guide entitled "How to Develop a High-Risk Screening System".

ARVA staff are completing a final draft of a technical assistance guide entitled "The ARVA High Risk Vendor System: A Technical Assistance Guide". Once completed, this guide will provide detailed instructions on the operations of the ARVA System. The guide will be complete and ready for distribution by USDA to all WIC state agencies by the end of FY 85.

D. Host a conference on high risk vendor screening systems to be attended by staff of ARVA consortium states.

In February, 1985 the ARVA Project hosted a two and one-half day conference in Boston, MA. This conference - "Designing and Implementing High Risk Vendor Monitoring Systems" - was originally planned for the ten consortium states. Extensive interest nationwide increased the attendance to staff from any interested WIC Program and to representatives from the proprietary firms that provide food delivery services to the WIC Program. The conference was attended by over 100 people representing over 30 states, the Indian nations, Puerto Rico, the Virgin Islands, and several proprietary firms.

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

NUTRITION

The primary objectives for Nutrition for FY 85 were:

1. To provide technical assistance/training to local program staff to insure the effective delivery of nutrition services to participants.

   A. Train local program nutritionists and nutrition paraprofessionals in program operations, WIC administration, counseling techniques and maternal and child nutrition in collaboration with the training section.

      o Provide bi-annual training sessions for new staff.

        Training for new local agency staff was held in January, 1985 and April, 1985. (See agendas in Part I: REVIEW OF FY 85 GOALS AND OBJECTIVES, Section F: TRAINING.)

      o Provide four inservices for nutritionists on topics of breast-feeding, group dynamics, educational materials development and current nutrition topics.

        Four inservices for nutritionists were conducted. The topics were:

        - Role of the Senior Nutritionist
        - Evaluating Nutrition Education Materials
        - Coordinating Breastfeeding Promotion Efforts in the Community
        - Marketing Nutrition Services

      o Provide three inservices for nutrition paraprofessionals.

        Three inservices were held for paraprofessionals.

      o Provide the nutrition portions of new staff training to local program directors and program assistants.

        Nutrition training for local directors and program assistants took place at New Staff Training and Program Director/Program Assistant inservices.

   B. Purchase books, journals and audio-visual materials for the WIC Resource Library. Encourage utilization of the library by local program staff. Continue to emphasize the areas of evaluation, educational resources and community nutrition when making new acquisitions. Maintain a manageable borrowing procedure; produce an annual acquisition list.

      A library manual was created for people using the library. The acquisitions list was updated as materials were added.

C. Write and distribute a quarterly newsletter to be distributed to local programs and health care providers. The newsletter will include journal abstracts, nutrition news, local program news and a calendar of events.

Completed.

D. Distribute Prenatal Nutrition: A Clinical Manual to nutrition and health care providers.

Prenatal Nutrition: A Clinical Manual was reprinted (2,000 copies). Approximately 1,000 copies were requested and sent out in FY 85.

E. Distribute the following nutrition policies to WIC and MCH nutritionists and health care providers:

1) MCH Infant Feeding Policy

The MCH Infant Feeding Policy was reprinted (2,000 copies). Approximately 1,500 copies were requested and sent out in FY 85.

2) Formulas Available from the Massachusetts WIC Program

The Formulas Available booklet was revised in August, 1985 and will be distributed to local agencies and health care providers when printed.

F. Update the instruction manuals to be used with the assessment and certification forms for pregnant and postpartum women. Complete drafts of infant and child instruction manuals.

Completed.

G. Provide new guidelines for appropriate local staffing patterns, including revised job descriptions.

Local agency staffing patterns were changed to include a senior nutritionist.

2. To evaluate local program operations to ensure efficiency and accuracy in certification procedures, participant access and provision of nutrition education.

A. Monitor local programs during FY 85 in collaboration with the program and food delivery sections. Include a record review and evaluation of individual and group counseling sessions as part of the site visits.

All local programs were evaluated in collaboration with the program section.

B. Evaluate the use of nutrition time at local programs through monitoring and discussion at nutritionists' meetings.

Nutrition time was evaluated using time studies. Nutritionists spend 5-15% of their time on non-nutrition activities (eg. computer input).

C. Review FY 85 Nutrition Education Action Plans and respond with written comments by October 1, 1984. Provide technical assistance during the year to local nutritionists regarding their Action Plan.

Completed.

3. To develop and/or update statewide policy which appropriately interprets Federal regulations and Massachusetts WIC intent, and is based on sound nutrition practices.

A. Revise Prenatal Nutrition: A Clinical Manual to incorporate the last two years of nutrition research on maternal nutrition.

Completed.

B. Promulgate a breastfeeding policy which will detail appropriate activities and procedures in the following areas: client contact, health care provider inservices, resources, the food delivery system and the formula industry, to promote and support breastfeeding.

Breastfeeding policy regarding formula representatives and local nutrition staff has been drafted. Subsequent sections of the breastfeeding policy will be forthcoming.

C. Revise the local program Procedure Manual as needed. Update Nutritional Risk Criteria in collaboration with local program nutritionists.

Completed.

D. Review requests for new foods for WIC food packages, and investigate changes in food packages to support breastfeeding.

New foods were added to the allowable food list. Suggestions for food package changes were submitted to the EDP/Food Delivery sections. See copy of voucher in Part I: REVIEW OF FY 85 GOALS AND OBJECTIVES, Section C.2: FOOD DELIVERY: OPERATIONS.

4. To provide accurate and culturally appropriate nutrition education materials for use by WIC participants and their families.

   A. Write, design and produce nutrition education materials pertaining to all aspects of nutrition for the WIC target population. To accomplish this, the Nutrition Education Task Force will

      o Produce pamphlets on breastfeeding; postpartum weight loss and exercise; overweight children; nursing bottle syndrome; and nutrition labeling.

        A breastfeeding pamphlet was completed in conjunction with the Breastfeeding Study. The postpartum weight loss pamphlet was completed. The other pamphlets have not been completed. See list of materials produced on page 7 of this section.

      o Produce posters on breastfeeding and WIC foods.

        A breastfeeding poster was completed in conjunction with the WIC Breastfeeding Promotion Project. The poster on WIC foods was not designed.

      o Review audio-visual materials, and in coordination with the Breastfeeding Task Force, review breastfeeding materials.

        Completed.

      o Translate nutrition education materials. The Spanish translations will be completed by the Spanish Task Force.

        Ongoing. Translations are now being coordinated by a task force of staff representing the program and nutrition sections and the Southeast Asian and Breastfeeding projects.

   B. Devise a method to obtain participants' views on the nutrition education they receive.

      A questionnaire to obtain participants' views on nutrition education has been drafted and will be piloted at selected local agencies by October 30, 1985.

5. To establish special projects to promote positive changes in the nutritional status of participants.

   A. To increase the incidence of breastfeeding among the postpartum WIC population, i.e. to increase the number of women who choose to breastfeed and to increase the length of time they breastfeed. (See appendix.)

- o Conduct an intervention study of breastfeeding promotion techniques in local programs.

  An intervention study of three breastfeeding promotion techniques began in 20 programs in January, 1985 and will continue to March, 1986.

- o Determine a method of establishing baseline data for breastfeeding rates in the WIC population.

  Completed; questionnaires from the intervention study will provide baseline data on WIC breastfeeding rates.

- o Provide inservices to health providers of all local programs.

  Completed. See list of sites on pages 8 through 10 of this section.

- o Complete a feasibility study of breastfeeding promotion techniques in local programs.

  Completed.

- o Collaborate with other Department of Public Health personnel on a breastfeeding policy.

  Ongoing. A full description of the Breastfeeding Project is available at the State WIC Office. See pages 11 and 12 of this section for a summary.

B. To ensure the provision of appropriate nutrition education and WIC foods to Southeast Asian (SEA) participants.

- o Design/revise and translate nutrition education materials, both audio-visual and written.

  See 4.A.

- o Provide nutrition training to paraprofessionals who will be providing SEA services.

  Two inservices were conducted for 12 Southeast Asian paraprofessionals. On-site training and technical assistance were also provided.

- o Design an appropriate nutrition education plan for Southeast Asian participants.

  Nutrition education modules for use by SEA staff in conducting individual counseling and group education sessions have been drafted. A shopping guide for WIC participants has been drafted.

6. To improve the productivity and effectiveness of the Nutrition Section by establishing annual workplans for each staff member.

   Completed.

Additional FY 85 Accomplishments

A statewide breastfeeding conference was presented in collaboration with WIC, DPH and community groups. See brochure on pages 13 through 15 of this section.

A booklet entitled E.M.P.O.W.E.R. (Evaluate Materials to Promote Optimum Use of WIC Education Resources) was created to aid nutritionists in evaluating written and audio-visual nutrition education materials.

An education materials survey was completed by the Nutrition Education Task Force to obtain local nutrition staff's input on materials produced by the State Office and gather input on future projects.

A Competent Professional Authority (CPA) evaluation form was created for local agency senior nutritionists to evaluate and target training for paraprofessionals. This form is also used as a standard request and approval form for nutrition paraprofessionals to become CPAs. See CPA APPROVAL FORM on pages 16 through 19 of this section.

MASSACHUSETTS WIC PROGRAM

NUTRITION EDUCATION MATERIALS PRINTED IN FY 85

	ENGLISH	SPANISH	PORTUGUESE	CAMBODIAN	VIETNAMESE	LAOTIAN	FRENCH
IRON DEFICIENCY ANEMIA	8965	1561		272			
ON FEEDING TIME FOR THE PICKY EATER	4940	981					
YOUR BABY GROWS FROM THE FOODS YOU EAT	1814	202			308		
TOO MUCH TOO SOON	4826	1046					
INFANT FEEDING GUIDE	25115	3194	1201	863	203	393	370
BABY'S TEETH AND THEIR CARE	1049	277					
PRE-SCHOOL FEEDING GUIDE	23771	3292		1330			865
BEANS	2392	2140					
PEANUT BUTTER	3773	2670					
HOW TO PREPARE POWDERED AND CONCENTRATED FORMULA	3980	3050		260			
PRENATAL FEEDING GUIDE	14250	6077		492			1355
THINKING ABOUT BREASTFEEDING?	3990			435			
SUPERFOODS COLORING BOOK	10,200						

DISCONTINUED FLYERS

CONSTIPATION	53						
EVAPORATED MILK FORMULA	105						
FOODS FOR YOU DURING PREGNANCY	1						
IS YOUR CHILD ANEMIC?	404						
NAUSEA	152						

MASSACHUSETTS WIC PROGRAM/MASSACHUSETTS AHEC-
STATEWIDE PROGRAM

TEACHING BREASTFEEDING - a practical workshop for health care providers

March 8	9:00 - 10:30	South End WIC South Cover Community Health Center 885 Washington Street Boston, MA
March 12	3:00 - 4:30	Cape Cod WIC Century Savings Bank Rt. 28 and West Main Street Centerville
March 15	9:30 - 11:00	North Central WIC Montachusett Opportunity Council 336 Main Street Fitchburg, MA
March 20	10:00 - 11:30	South Dorchester WIC Neponset Health Center 385 Neponset Avenue Dorchester, MA
March 22	10:00 - 11:30	Athol WIC 521 Main Street, 2nd floor Athol, MA
	2:00 - 3:30	Franklin County WIC Memorial Conference Room Franklin Medical Center 164 High Street Greenfield, MA
March 26	1:00 - 2:30	Plymouth WIC Conference Room Tobey Hospital 43 High Street Wareham, MA
March 27	2:00 - 3:30	Beverly/Gloucester WIC Nutrition and Fitness Center at Beverly Hospital Herrick Street Beverly, MA
March 28	9:00 - 10:30	Lynn WIC Lynn Community Health Center 86 Lafayette Park Lynn, MA

April 2	9:00 - 10:30	Malden WIC Velvet Room, Nurses dorm Malden Hospital Hospital Road Malden, MA
April 9	1:30 - 3:00	Framingham WIC Auditorium Framingham Union Hospital Framingham, MA
April 19	3:00 - 4:30	Brockton WIC Assembly Room Brockton Hospital 680 Center Street Brockton, MA
April 23	1:30 - 3:00	Hampshire County WIC Conference Room A Cooley Dickinson Hospital 30 Locust Street Northampton, MA
April 24	7:30 - 9:00	Haverhill WIC Amesbury Community Action 9 School Street Amesbury, MA
April 26	1:00 - 2:30	Roxbury WIC Whittier Street Health Ctr. 20 Whittier Street Roxbury, MA
April 30	3:30 - 5:00	Cambridge WIC Board Room Cambridge Hospital 1493 Cambridge Street Cambridge, MA
May 1	1:00 - 2:30	Taunton WIC Citizens for Citizens 19 Spring Street Taunton, MA
May 3	1:00 - 2:30	Chicopee/Holyoke WIC Holyoke/Westfield WIC Auditorium Providence Hospital 1233 Main Street Holyoke, MA
May 15	9:00 - 10:30	South Boston WIC South Boston Community Health Center 133 Dorchester Street South Boston, MA

May 17	10:00 - 11:30	South Central WIC Conference Room 1 Harrington Memorial Hospital 100 South Street Southbridge, MA
May 23	8:30 - 10:00	New Bedford WIC New Bedford Community Health Center 95 Cedar Street New Bedford, MA
May 24	10:00 - 11:30	Lawrence WIC Greater Lawrence Community Action Council 350 Essex Street Lawrence, MA
May 28	9:00 - 10:30	Dorchester/Roxbury WIC Roxbury Comp. Comm. Hlt. Ctr. 435 Warren Street Roxbury, MA
May 29	2:30 - 4:00	Springfield WIC VNA of Springfield 600 Berkshire Avenue Springfield, MA
May 30	1:30 - 3:00	Berkshire WIC Berkshire Comm. Action Council 150 North Street Pittsfield, MA
May 31	8:30 - 10:00	Dorchester/Roxbury WIC Harvard Street Neighborhood Health Center 895 Blue Hill Avenue George Robert White Building Dorchester, MA
May 31	4:00 - 5:00	South End WIC South End Community Health Ctr. 400 Shawmut Avenue Boston, MA
June 5	3:30 - 5:00	Jordan Hospital Plymouth, MA

Still to schedule

- **Jamaica Plain**

MASSACHUSETTS WIC PROGRAM

BREASTFEEDING PROMOTION PLAN

SUMMARY

An Overview

This plan is designed to examine and make changes in the five areas which impact on WIC participants' breastfeeding behavior:

1. The participant-nutritionist contact
2. The health care providers' knowledge of breastfeeding management
3. The types of resource materials used in breastfeeding counseling
4. The WIC food delivery system
5. The relationship between the WIC Program and the infant formula industry.

Projects have been planned within each of these five areas. The projects will progress at different stages over the next 1-2 years. The end product of each project will be a policy statement. Recommendations from all five areas will be combined in a WIC Breastfeeding Policy.

The Projects

Following is a summary of the projects planned within each of the five areas.

1. Participant-nutritionist contact: a study. The purpose of the study will be to determine which types of counseling and education local nutritionists can provide participants to best promote and support breastfeeding. The study will be the major project of the promotion plan and will provide a mechanism to measure changes in breastfeeding rates. Fifteen local programs will each implement one of three types of participant contact. After one year, the breastfeeding rates at each experimental program will be compared with each other and with several control programs.

   The study will be designed in the fall of 1984; the programs will implement the procedures from January, 1985 to March, 1986. The data will be analyzed in the spring of 1986.

2. Inservices for health care providers. Inservices on breastfeeding management will be provided to the health care providers of all local WIC clinics. The inservices will address the issues of breastfeeding promotion and management among low income women. The inservices will be provided between January and June, 1985. Enhanced communication between WIC staff and other health care providers and accurate and consistent information and support given to participants are two of the goals of these inservices.

3. Guidelines for resource materials. A resource guide for analyzing printed and audio-visual material will be developed. This guide will

be used by local nutritionists to determine and rate the appropriateness of nutrition education materials used in counseling and group education activities. An inservice for nutritionists will be conducted to familiarize them with the guide. The guide and inservice will be completed by the spring of 1985. In addition, a postpartum breastfeeding pamphlet will be developed by the Nutrition Education Task Force using these guidelines. This pamphlet will be available for use by the summer of 1985. Also, a breastfeeding pamphlet to be given at the last prenatal voucher pick-up will be developed by January, 1985.

4. Food delivery system. Foods provided by the WIC program should be appropriate to the participant's nutritional needs. WIC's food delivery system will be examined to ensure that procedures of food package determination and voucher distribution support breastfeeding. Recommendations will be made by January, 1986.

5. Policy development: WIC and the infant formula industry. The nature and effects of the relationship between WIC and the infant formula industry will be examined. Guidelines will be established for appropriate use of industry materials, products and services by participants and WIC staff.

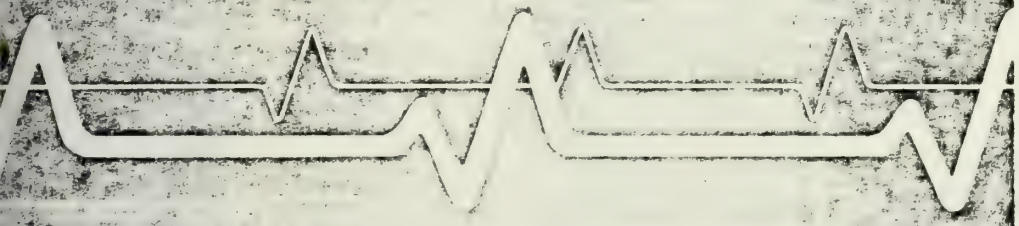
The Policy

A WIC Breastfeeding Policy will be the culmination of all these projects. The final policy will address the following: types of participant contacts which promote breastfeeding to be instituted in all local WIC programs; content and style of inservices to be presented to health care providers; resources to use with WIC participants; procedures to follow in the food delivery system; and the nature and scope of WIC's relationship with infant formula companies.

At the same time that WIC's breastfeeding policy is being developed, a complementary and inclusive Breastfeeding Policy of the Department of Public Health will be formulated under the direction of the Office of Nutrition Services (ONS). The Department policy will recommend methods to promote breastfeeding in all relevant divisions of the Department. Further, WIC will work with ONS and the rest of the Department to support any legislative efforts aimed at encouraging breastfeeding.

Promoting Breastfeeding in Massachusetts:

Research Issues, Policy Implications and Practical Strategies



Tuesday, March 5, 1985
8:45 am to 4:30 pm

Boston University School
of Medicine
[illegible] Lounge
[illegible]
[illegible]

Program

8:15-8:45	Registration
8:45-9:00	**Welcome and Introduction:** **Breastfeeding as a Preventive Health Measure** Norman A. Scotch, Ph.D., Director, School of Public Health, Associate Dean, School of Medicine, Boston University
9:00-9:45	**Current Research on Breastfeeding Trends, Determinants and Promotional Strategies** Deborah Frank, M.D., Assistant Professor, Pediatrics, Boston University School of Medicine and Staff Physician, Boston City Hospital Marian Zeitlin, Ph.D., Assistant Professor, School of Nutrition, Tufts University Sandy Sherman, Vice President, National Child Nutrition Project, Philadelphia
9:45-10:20	**Breastfeeding Promotion Campaigns in New York City and Rhode Island** Spokesperson, Steering Committee to Promote Breastfeeding in New York City Jerianne Heimendinger, D.S.C., M.P.H., former Director, Office of Nutrition Services, Rhode Island Department of Health
10:20-10:30	**Break** (Speakers available to answer questions)
10:30-12:00	**Workshops—Session I** Six workshops focusing on practical promotional strategies for particular groups and settings. Participants will be able to attend two workshops during the day. **See list of workshops for descriptions.**
12:00-1:10	**Lunch with Keynote Speakers** Lewis W. Pollack, Commissioner, Boston Department of Health and Hospitals Senator L. Burke, Chair, Joint Health Care Committee, Massachusetts Legislature
1:15-2:45	**Workshops—Session II** **See list of workshops for descriptions.**
2:50-3:40	**Commercial Influences on the Health Care System** Panel: Moderator—Steve Wirtz, M.S., Research Associate, Boston University School of Public Health Linda Jo Stern, R.D., M.P.H., Assistant Director, W.I.C. Program, Massachusetts Department of Public Health Thomas Daley, M.D., Associate Professor, Pediatrics, [illegible] and Associate [illegible] Beth Israel Hospital, Boston
3:40-4:30	Promotional Strategies: Where do we go from here? Overview Summary

Workshops

Promotional Strategies for Specific Groups and Settings

Each workshop will be presented at Sessions I and II.
Select your choices on the registration form.

A
Working Women

Coordinators: J. Driscoll, R.N., C.N.S., Clinical Nurse Specialist, Postpartum Mental Health, Brigham and Women's Hospital, and M. Walker, R.N., Lactation Associates, Inc.
Panel: Marian Zeitlin, Ph.D., Assistant Professor, School of Nutrition, Tufts University
Mary Jean Hickey, Special Projects for La Leche League Area Council
Sue Appel, R.N., Coordinator, Nursing Mothers Council

B
Teen Mothers

Coordinator: Meredith Reis, Family Life Services, St. Margaret's Hospital
Panel: Barbara Wallace, R.N.C., B.S., M.S., M.P.H. (Moderator)
Margaret Tonelli, R.N.C., M.S., Brigham & Women's Hospital
Peggy Soule, R.N.C., Clinical Coordinator, Post-Partum Floor, St. Margaret's Hospital
One or two teenage mothers, to be announced

C
Low-income and Minority Women

Coordinators: Chris Miara, R.D., Nutrition Consultant, WIC Program and Steve Wirtz, M.S., Research Associate, Boston University School of Public Health
Panel: Sandy Sherman, R.D., Vice President, National Child Nutrition Project
Roberta Aaronson, M.S.W., Associate Professor of Social Work, Southeastern Massachusetts University
Women from inner city community—to be announced

D
Newly Arrived Immigrants

Coordinators: Chris Miara, R.D. and Steve Wirtz, M.A.
Panel: Jack Vondras, M.S., R.D., WIC Southeast Asian Project Nutritionist (Moderator)
Dr. Nicole Prudent, M.D., Pediatrician, Harvard Street Health Center
Malis Oeur, Outreach Worker, Uphams Corner Health Center

E
Making Institutional Change

Coordinator: Norma Swenson, Co-Director, Boston Women's Health Book Collective
Rachel Cashman, M.S., Health Educator, Uphams Corner Health Center
Richard Marshall, M.D., Pediatrician, Urban Women and Child Health, Inc.
Thomas Daley, M.D., Associate Professor, Pediatrics, Albert Einstein College of Medicine and Associate Professor of Pediatrics, Bronx-Lebanon Hospital Center

F
Regulations and Legislation

Coordinator: Meg Campbell, Senior Research Analyst, Joint Health Care Committee
Panel: [illegible] Director, Boston Women's Health Book Collective
[illegible]

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health
Division of Family Health Services
Special Supplemental Food Program for Women, Infants and Children (W I C)
150 Tremont Street, Boston 02111

Bailus Walker, Jr., Ph.D., M.P.H.
COMMISSIONER

Area Code (617)

COMPETENT PROFESSIONAL AUTHORITY (CPA) APPROVAL FORM

PROGRAM: _____

PARAPROFESSIONAL (NAME, TITLE): _____

SENIOR NUTRITIONIST (NAME): _____

(SIGNATURE): _____

(DATE): _____

A Competent Professional Authority on the staff of the local agency is responsible for determining nutritional risk, assigning food packages, and counseling of participants. In the Massachusetts WIC Program nutritionists, and state trained and authorized paraprofessionals may perform duties as Competent Professional Authorities.

The senior nutritionist will place a check in the area under "Meets Competency" if the paraprofessional can perform the tasks designated on the following pages. Areas that need improvement are to be listed under "Comments".

CPA status will only be approved by those reaching competency of 100% in all areas. All paraprofessionals must have participated in a state agency training before approval will be given.

Fill out and return to the state office for approval.

Receipt of this serves as approval for _____ to certify participants and sign records as a Competent Professional Authority.

STATE NUTRITIONIST: _____

DATE: _____

CONTINUED - COMPETENT PROFESSIONAL AUTHORITY (CPA) APPROVAL FORM

	MEETS COMPETENCY	COMMENTS
Basic Nutrition Knowledge		
The WIC CPA will be able to:		
1. Name the four nutrients provided in WIC foods, their function and four food sources for each. (iron, calcium, vitamin C and protein.)		
2. Explain why a variety of foods are important for growth and health.		
Anthropometric Assessment - Infants and Children		
The WIC CPA will be able to:		
1. Demonstrate the recommended procedures for measuring an infant and child's weight and height.		
2. Plot the values for weight for age, height for age and weight for height on the appropriate growth charts for two infants and two children.		
3. Based on measurements, determine if the above infants and children can be certified for WIC using the Massachusetts WIC Program Nutritional Risk Criteria for certification.		
4. Explain the growth chart to a participant.*		
Anthropometric Assessment - Women		
The WIC CPA will be able to:		
1. Determine by using the pregravid weight from the Medical Referral form whether two pregnant women are overweight or underweight.		
2. Correctly plot the weight measurements of the above two women on a prenatal weight gain grid and determine if they have a adequate pattern of weight gain.		
3. Explain the weight gain grid to a participant.*		
Biochemical Assessment		
The WIC CPA will be able to:		
1. State the 3 hematological lab tests and standard levels for women, infants and children used in the WIC program for certification.		

(* Actual situation)

CONTINUED - COMPETENT PROFESSIONAL AUTHORITY (CPA) APPROVAL FORM

	MEETS COMPETENCY	COMMENTS
2. Explain why we take blood values and what a value below the standard means.		
3. State the relationship between lead and iron in the body.		
Nutrition/Dietary Assessment		
The WIC CPA will be able to:		
1. Explain the purpose and the procedure of the Dietary Assessment.		
2. Complete a diet history using proper interviewing techniques including a 24 hour recall and food frequency for a pregnant woman, breastfeeding woman, infant and child.*		
3. Correctly record all information on the 24 hour recall form: time, place, amount and foods.		
4. Evaluate dietary intakes of a pregnant and post partum woman, infant and child for the following, accurately using the Massachusetts WIC Risk Criteria for Certification.		
a. Nutrition excesses or deficiencies.		
b. Appropriateness of intake for age, weight, activity and special needs (e.g. pregnancy, breastfeeding, allergies, etc.)		
5. List and explain two food habits of WIC participants that are beneficial and two that are harmful for women, infants and children.		
6. Develop a nutrition care plan for a pregnant and lactating woman, infant and child.		
Counseling Skills		
The WIC CPA will be able to:		
1. Explain why the following factors are important in counseling.		
a. Introduction of self and purpose of the interview.		
b. Listening.		
c. Using open-ended questions.		
d. Being non-judgemental.		
e. Using appropriate terminology.		
2. Demonstrate proper techniques (from #1) while counseling a a prenatal participant, caretaker of a child, and caretaker of an infant.		

(* Actual situation)

CONTINUED - COMPETENT PROFESSIONAL AUTHORITY (CPA) APPROVAL FORM Page 4.

	MEETS COMPETENCY	COMMENTS
WIC Certification Process and Procedures		
The WIC CPA will be able to:		
1. List all information needed to be recorded in the participant's chart for the certification visit and each recertification for a woman, infant and child.		
2. Prioritize 10 Medical Referral forms for WIC participants given medical/nutritional risk according to the Massachusetts WIC Program Nutritional Risk Criteria for Certification.		
Training		
The WIC CPA has:		
1. Participated in state training _____ (Date).		
2. Participated in state inservices _____ (Most recent) (Date(s))		
3. Participated in local agency training and inservice _____ (Date(s)).		

(* Actual situation)

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

PROGRAM

The primary objectives for FY 85 for Program were:

1. To provide technical assistance and training to local agency/program personnel to ensure effective service delivery to 68,000 participants.

   A. Provide local agencies/programs with feedback on their annual renewal applications submitted to the State WIC office.

      Completed.

   B. Assist local programs in implementing administrative changes as needed.

      Completed through site visits, monthly program director business meetings, meetings with individual program directors and telephone calls.

   C. Revise guidelines for local program staffing patterns and positions.

      Assistance on hiring and staffing patterns was provided on a case-by-case basis; information on affirmative action agencies and minority recruiting was also provided.

      A staff development plan was created that provided levels (I,II,III) with increments in skill and responsibility for all job titles. The plan was not initiated due to the high cost it would have incurred in personnel expenses. Levels for the paraprofessional and program assistant positions will be used in the development of the FY 86 Request for Proposals.

   D. Develop and implement annual calendar of local program business meetings in conjunction with the Nutrition section.

      Completed. Nutrition, Program and Food Delivery staff collaborated to provide inservices and trainings as well as business meetings.

   E. Participate in local program staff training with a focus on:

      1) new staff in existing programs

         Provided program training to 12 new Southeast Asian paraprofessionals. Training was also provided to approximately 35 new local program staff on the certification process, notification requirements, income eligibility, etc.

2) current staff in existing programs in the areas of:

- o food delivery system training

  Completed.

- o cross-cultural training
- o staff supervision training

  Training on cross cultural issues and staff supervision was superceded by issues of food delivery accountability, caseload management and funding. Cross-cultural training is currently planned in conjunction with civil rights training for local program staff in FY 86.

F. Assist local program directors in sharing their knowledge of local program administration with each other.

This goal was addressed by requesting local program directors' input on training issues, protocols and schedules, and also by planning agendas for local program director/nutritionist meetings to incorporate time and environment for discussion on issues affecting all local programs.

A local agency Provider Work Group was formed to offer feedback to the state WIC office on issues affecting local programs and delivery of service.

2. To develop and/or update statewide policy which appropriately interprets federal regulations and Massachusetts WIC intent.

A. Expand and revise the local program Procedure Manual as needed.

Ongoing.

B. Assure that local programs are informed of administrative changes affecting program operations.

Ongoing.

C. Expand State guidance on income eligibility determination.

Clarification of income eligibility requirements has been requested of USDA/NERO and Medicaid in order to update the Local Program Procedure Manual section on Income Eligibility. To be completed by September 30, 1985.

D. Interpret federal regulations and state policies for local programs as needed.

Ongoing.

3. To monitor delivery of WIC services to participants.

   A. Revise programmatic management review protocol of local programs as needed.

      Completed.

   B. Coordinate joint programmatic/nutrition/food delivery on-site management reviews of each local program.

      Completed for program and nutrition sections. Food delivery staff will join the team in August, 1985.

   C. Conduct annual programmatic management reviews of each local program. Write and send final reports to local programs/agencies.

      Twenty-six annual programmatic/nutrition on-site management reviews have been completed. The last 9 will be completed in August and September, 1985. Summary reports and requests for corrective action are being sent to each program visited. See schedule on page 6 of this section.

   D. Provide input into the revision of food delivery management reviews.

      Will be completed by August 31, 1985.

   E. Monitor local programs' caseload management on a weekly basis.

      A system has been set up to monitor each program's weekly caseload by using their edit and update reports. In addition an end of month review is conducted which monitors trends and compares assigned and actual caseloads.

4. To maximize participant access to WIC programs, especially high risk populations.

   A. Ensure the translation of all state-produced administrative materials used by participants into seven languages.

      Fair Hearing pamphlet, request forms and the participant Rights and Responsibilities form have been translated into Spanish, Cambodian, Chinese, French, Portuguese and Vietnamese. Plans to translate all program materials (e.g., notification letters, etc.) into all seven languages used in Massachusetts WIC programs are in place. A state staff translation group has been contacting bilingual/ bicultural individuals and agencies for assistance in translation services.

   B. Develop and institute a project which will assist local programs in providing services to Southeast Asian participants.

      On the State level, the Southeast Asian Project Coordinator supervises all SEA Project operations, the Field Coordinator acts as liaison between the SEA Project Coordinator and the local programs, and the SEA Project Nutritionist coordinates all nutrition services.

On the local level, twelve Southeast Asian paraprofessionals were hired and trained to provide WIC services to the Southeast Asian refugee communities statewide.

Since this project was initiated, Southeast Asian refugee participation has increased by 1000 participants, from 2800 to 3800.

Original project plan and FY 86 status report are both available at the state WIC office.

C. Strengthen cross-referral mechanisms with AFDC and Food Stamps.

Completed by monitoring referral system to AFDC and Food Stamps at local program site visits.

D. Establish a cross-referral network with programs funded through the Division of Family Health Services and agencies targeting the Southeast Asian population.

The SEA Project has established an extensive cross-referral network with most of the state and local agencies providing services to Southeast Asian refugees, including the Massachusetts Refugee Resettlement Office, the Southeast Asian Refugee Mutual Aid Association and public health programs such as Tuberculosis Control and the Refugee Health Program.

E. Expand local program staff awareness of the cross-cultural issues involved in service delivery.

On-site cross-cultural training on issues affecting Southeast Asian refugees is provided on an ongoing basis to local programs. A brochure is being developed to assist local programs in teaching SEA WIC participants about shopping with WIC vouchers.

F. Standardize the protocol for participant fair hearings.

Completed.

G. Conduct public hearings to obtain input regarding WIC service delivery.

State WIC staff participated with MCH staff in public hearings held by the Executive Office of Human Services. Comments and suggestions from these hearings are incorporated in reviews of state policy which occur on an ongoing basis.

5. To refine the program component of the State WIC office.

A. Develop a yearly work plan which outlines the anticipated tasks, responsibilities and timelines for the program component of the State WIC office, and monitor on a monthly basis.

Completed.

B. Expand the State office program component to improve interaction with the food delivery component.

Completed. Bi-weekly Local Program Meetings include staff from the Program and Food Delivery sections, in addition to Nutrition and Fiscal staff.

C. Facilitate the training of new State WIC office program staff in the area of local program operations.

New State level SEA staff received briefing from Program staff on caseload management, delivery of services, individual program background, etc., enhancing their communication and effectiveness with local programs.

Additional FY 85 Accomplishments

Systems have been developed on the personal computer to monitor monthly and quarterly participation and waiting list status for each local program.

MASSACHUSETTS WIC PROGRAM
FY' 85 SITE VISIT SCHEDULE

Date		Program (Site)	Reviewers (lead listed first)	Confirmation letter: Date sent (program)	Confirmation letter: Date sent (agency)
November, 2	FRI	South Central (Webster)	JD,DM,BF	9/28	10/5
November, 8	THU	Lowell	BF,JD,DM	10/5	10/5
November, 14	WED	Dorchester/(Roxbury)	DM,JD,BF	9/28	10/5
December, 5	WED	Upham's Corner	DM,BF,JD	9/28	10/5
December, 17	MON	Athol	DM,BF,JD	10/12	10/12
January, 9	WED	Allston/Brighton	JD,DM	11/6	11/6
January, 18	FRI	Framingham	BF,DM,JD	10/12	10/12
January, 24	THU	Haverhill	DM,BF,JD	11/6	11/6
January, 31	THU	Lawrence	BF,DM,JD	11/6	11/6
February, 6	WED	Somerville/Medford	JD,BF,DM	10/25	10/25
February, 14	THU	Lynn	DM,JD,BF	11/6	11/6
February, 21	THU	Roxbury (Whittier)	JD,BF,DM	1/8	1/8
February, 28	THU	S. Dorch/Ros (Mattapan)	BF,DM,JD	1/10	1/10
March, 7	THU	(Beverly)/Gloucester	DM,BF	1/10	1/10
March, 14	THU	Plymouth	BF,DM	1/24	1/24
March, 21	THU	South Boston	BF,DM	1/24	1/24
March, 27	WED	Hampshire County	DM,BF	1/24	1/24
March, 28	THU	Holyoke/Westfield	BF,DM	1/24	1/24
April, 4	THU	Fall River	BF,DM	3/4	3/4
April, 17	WED	Quincy	DM,JD	3/4	3/4
May, 17	FRI	Malden/(Revere)	JD	3/20	3/20
May, 23	THU	South End	DM	4/2	4/2
May, 29	WED	Berkshire (Pittsfield)	BF	2/8	2/8
June 27	THU	Springfield	DM	4/11	4/11
July 24,	WED	New Bedford	BF	6/26	6/26
August 8,	THU	Franklin County	BF	6/26	6/26
August 16,	FRI	North Central	DM	6/26	6/26
August 21,	WED	Cape Cod	BF	7/9	7/9
August 23,	FRI	Jamaica Plain	DM	7/23	7/23
August 28,	WED	Cambridge	BF	7/8	7/8
August 28,	WED	Brockton	JD,JV	7/9	7/9
September 9,	MON	Worcester	JV	6/26	6/26
September 11,	WED	Charlestown/Chelsea	JD	7/15	7/15
September 18,	WED	Taunton	JD	6/26	6/26
September 23,	MON	Chicopee/Holyoke	DM	7/23	7/23

REVIEW OF FISCAL YEAR 1985 GOALS AND OBJECTIVES

TRAINING

The primary objectives for Training for FY 85 were:

1. To develop a training plan to establish a consistent level of skill for local WIC Program staff.

   A. Begin to develop competencies by job title.

      Completed for senior nutritionist, program nutritionist and nutrition assistant.

   B. Assist in writing job descriptions for local program administrative staff.

      Completed.

   C. Prepare a training plan for all local staff.

      Completed for all nutrition staff.

2. To implement the training plan, with emphasis on food delivery accountability training.

   A. Ensure that logistics for training are complete.

      Two new staff trainings were presented for local staff, and five inservices on food delivery accountability were conducted. See agendas in Part I: REVIEW OF FY 85 GOALS AND OBJECTIVES, Section C.2: FOOD DELIVERY: OPERATIONS.

   B. Provide technical assistance to local and state personnel who conduct training sessions, including consultation on techniques, materials, and training resources.

      The training section was reduced from 3 FTEs to .5 FTEs during FY 85. Assistance provided included ideas on presentation and use of audio-visuals. The primary technical assistance was in the area of logistics to prepare, present and evaluate the training sessions.

   C. Conduct semi-annual new staff training, including visits by new local staff to other local programs.

      Completed. New staff training was conducted in January, 1985 and April, 1985. See agendas on pages 4 and 5 of this section. Local program staff spent one full day at another program as part of the training. See copies of the forms used at visits on pages 6 through 15 of this section.

D. Provide inservices to all local staff in collaboration with all sections of the state WIC staff.

Completed. Inservices presented included the following:

DATE	STAFF	TOPIC
October 23	Nutr. Paraprofessionals	Children
November 1	Nutritionists	Role of Senior Nutritionist
January 11	Nutr. Paraprofessionals	Infants
March 6	Program Directors	Food Delivery
March 20, 22	Program Assistants	Food Delivery
March 21	SEA Nutr. Paraprofessionals	Nutrition
May 10	Nutritionists	Evaluating Materials
May 14	SEA Nutr. Paraprofessionals	Nutrition
June 13	Program Directors	Food Delivery
June 19	Program Assistants	Food Delivery
June 21	Nutritionists	Breastfeeding
August 15	Boston Program Directors	Vendors
September 19	New Program Assistants	Food Delivery
September 25	SEA Nutr. Paraprofessionals	Nutrition
September 27	Nutritionists	Marketing Nutrition Services

3. To develop materials for use in training.

A. Produce Trainer's Guide for state staff which will include:

- o principles of training
- o instructions on conducting WIC-specific training sessions
- o materials for planning and evaluating training

Not completed due to reduction in staff.

B. Update the Procedure Manual to include all new policies and procedures. The Procedure Manual will serve as the primary educational tool for local personnel training.

Completed.

4. To develop an orientation plan for state and local staff.

   A. Prepare and conduct an orientation session for new state staff.

      Completed.

   B. Prepare orientation materials for new State and local WIC staff.

      Completed. See list of contents on pages 16 and 17 of this section.

NEW STAFF TRAINING
FOR SEA NUTRITION ASSISTANTS

		SA STAFF PRESENTING	SA STAFF ATTENDING
Thursday, January 24 - SEA Project Room			
10-12:00	Follow-up to first two weeks on the job	LY	LJO, JV, MG
	Overview		
12:30-2	Application and Certification Process	LJO	JV, MG
Friday, January 25 - 6th Floor Conference Room			
10-12	Referral Forms/Risk Criteria Dietary Assessment	JV JD	JN, MG
12:30-2	Nutrition Assessment	JD,JV	JN, DM, MG
Monday, January 28 - 6th Floor Conference Room			
10-12	Food Packages, Counseling	LJO,JV	JN, MG
12:30-2	Nutrition and Nutrition Education for Children	JV	LY, JN, MG
	Nutrition and Nutrition Education for Infants	JD	LY, JN, MG
Tuesday, January 29 - Public Health Council Room B			
10-12	Nutrition and Nutrition Education for Pregnant and Breastfeeding Women	JV	MG
12:30-2	Food Delivery - Voucher System	LR,AP,JF	LY, DM
Wednesday, January 30 - Public Health Council Room			
10-12	Food Delivery - Voucher System	LR,AP,JF	LY, DM
12:30-2	Outreach/Referrals Questions/Answers	LY, DM	JF, AP, BF

APRIL 1985

NEW STAFF TRAINING SCHEDULE

		PROGRAM DIRECTORS/ASSTS.	NUTRITION ASSTS./AIDES	NUTRITIONISTS
4/18 THURS.	10:00	INTRODUCTIONS	SAME	SAME
	10:45	CERTIFICATION CYCLE - Federal regs - State & local policies		
	11:15	CERTIFICATION PROCESS - Income		
	12:00	lunch	lunch	lunch
	1:00	- Income (cont.)		
	2:00	NOTIFICATION REQUIREMENTS		
	2:30	TERMINATIONS		
	3:30	Evaluation		
4/19 FRI.	9:30	GENERAL NUTRITION -	GENERAL NUTRITION	NUTRITION ASSESSMENT
	10:30	FOOD DELIVERY - Manual vouchers * ordering * perpetual inventory		DIET ASSESSMENT
	12:00	lunch	lunch	lunch
	1:00	* monthly inventory * voiding	NUTRITION ASSESSMENT	NUTRITION CARE PLANS
	2:00	* combining packages - Teaching participants how to use vouchers		FOOD PACKAGES
	3:30			
4/24 WED.		LOCAL PROGRAM VISITS		
		(LAST DAY FOR PROGRAM ASSTS.)		
4/25 THURS.	9:30	FOLLOW-UP TO VISITS	FOLLOW-UP TO VISITS	FOLLOW-UP TO VISITS
	10:30	FOOD DELIVERY - Problem solving: inputs/batching - Use of weekly & monthly reports	DIET ASSESSMENT NUTRITION CARE PLANS	COUNSELING
	12:00	lunch	lunch	lunch
	1:00	ACCOUNTABILITY	FOOD PACKAGES/COUNSELING	GROUP CERTS GROUP EDUCATION
	2:00			
	3:00	WRAP-UP FOR PROGRAM ASSTS.		
	3:30			
4/26 FRI.	9:30	FISCAL	FOOD DELIVERY OVERVIEW	FOOD DELIVERY OVERVI
	11:00	VENDORS		
	12:00	lunch	lunch	lunch
	1:00	FOOD DELIVERY	COUNSELING (cont.)	ROLE OF THE PUBLIC H NUTRITIONIST
	2:00		STATE NUTRITION POLICIES	STATE NUTRITION POLI
	3:30	ALL DAY FOR PROGRAM DIRECTORS ONLY.		

Massachusetts WIC Program
New Staff Training

LOCAL PROGRAM VISIT QUESTIONS

To the new WIC staff member: This form is for you to use when visiting another local WIC program. The questions are designed to help you organize your visit and learn about some of the main points in these areas:

Caseload
Certification/Nutrition Education
Food Delivery
Personnel
Facilities
Sites
Outside Contacts
Office Management

Please look this form over before your visit, and consider which questions are most relevant to your job. You may wish to use the space provided for notes.

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LOCAL PROGRAM VISIT QUESTIONS

CASELOAD

1. What is the caseload?
   - Assigned _____
   - Actual _____
   - Is there a waiting list?
   - What is your overdue recert rate?

2. Population
   - What is the ethnic/racial breakdown of the participants?
   - Are there language or cultural differences between the participants and WIC staff?
   - How are the differences handled?

3. What are the program's application procedures?

NOTES:

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CERTIFICATION/NUTRITION EDUCATION

1. Certifications
   - What does a certification appointment consist of?
   - Who sees participants for initial and repeat certifications?
   - Are group certifications done? How?

2. Nutrition Education
   - How is nutrition education provided (e.g. films, newsletters, group education)?

3. Counseling
   - See attached Counseling Evaluation Guide for points to observe about counseling.

NOTES:

FOOD DELIVERY

1. Computer system cycle
   - What is the cycle of events each month?
   - What are the busy times?

FOOD DELIVERY, continued

2. Input
   - When is input completed and sent?
   - How often?
   - By whom
   - How are participant ID numbers assigned?

3. Vouchers/food packages
   - What happens to vouchers from the time they're received in the office until they're distributed?
   - How are undistributed vouchers handled?
   - How are emergency vouchers and packages logged?
   - How are emergency vouchers and packages stored?
   - How are voucher pick-up days assigned?

4. Computer-generated management reports
   - How do you use these reports (participant reports, voucher reports, ID listing, edits/updates/recert listing)?

5. Vendors
   - How many WIC vendors do you have agreements with?
   - How many stores?
     Dairies?
     Pharmacies?
   - How would you describe your relationships with the vendors?

NOTES:

PART I: REVIEW OF FY 1985 GOALS AND OBJECTIVES
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PERSONNEL

1. Staff
   - How many WIC staff are there?
   - What are each person's responsibilities?

2. Are staff meetings held regularly?

3. How are program decisions made?

NOTES:

FACILITIES

1. Environment
   - How is the office laid out?
   - What is the WIC office's location in relation to other services?
   - Are there environmental problems such as noise or cigarette smoke?

2. How are up-to-date bloodwork, heights and weights obtained?

SITES

1. How many sites do you have?

2. How do you determine which services to provide at each site?

3. In what kind of agency/building is each site located? Is the space adequate?

4. Do you store vouchers at the sites or take them each time?

NOTES:

OUTSIDE CONTACTS

1. Local Agency
   - What is the relationship between the WIC staff and other agency staff?

2. Relationships in the community
   - How does WIC relate to health care providers in the community?
   - What agencies refer people to WIC?
   - To what agencies does WIC refer participants?

OUTSIDE CONTACTS, continued

3. Outreach
   - Is outreach done? To whom?
   - What methods are used? How successful are they?

NOTES:

OFFICE MANAGEMENT

1. Appointment scheduling
   - How and when are voucher pick-up (VPU) days scheduled? (how many days per week, hours per day)
   - How are certification appointments scheduled?
   - Who sets up the appointment book?
   - Who schedules the appointment?
   - How much time is allowed for appointments?
   - Is scheduling planned to reduce the need to issue emergency vouchers?

2. Participant records
   - How are participant records filed?
   - Are the forms in each record filed in a consistent order?

OFFICE MANAGEMENT, continued

3. Program-produced materials
   - What materials do you produce to provide WIC information to participants?

NOTES:

MASSACHUSETTS WIC PROGRAM

COUNSELING EVALUATION GUIDE

Program _____ Type of interview _____

Counselor _____ Date _____

Title _____

	✓	—	COMMENTS/ QUESTIONS	NOT OBSERVED
1. Maintains eye contact				
2. Spends minimum of time writing; explains purpose of writing				
3. Uses non-verbal signals to encourage participant to continue (nods, "mmmm"'s, etc.)				
4. Listens attentively				
5. Introduces self				
6. Explains purpose and length of visit; makes sure they are acceptable to participant				
7. Explains components of WIC (optional)				
8. Asks if participant has immediate questions or concerns				
9. Asks open-ended questions				
10. Reflects verbally on participant's behavior (e.g. "You seem upset")				
11. Allows participant to respond				
12. Manifests acceptance and respect for participant; does not impose value judgements				
13. Determines dietary, social and medical history before initiating counseling				
14. Elicits/shows consideration for participant's concerns				

	✓	—	COMMENTS/ QUESTIONS	NOT OBSERVED
15. Is willing to accept participant's goals/plans for change				
16. Explains reason for certification; explains relationship between reason and diet if appropriate				
17. Provides accurate and appropriate nutrition information.				
18. Aids participant in evaluating quality of her diet				
19. Finds out what participant knows about topic before beginning discussion				
20. Avoids overwhelming participant with too much or too complex information				
21. Maintains control by attention to time limits and by minimizing digressions.				
22. Signals ending of session; summarizes session				
23. Makes appropriate referrals and follow-up appointments				

COMMENTS:

CONTENTS

OF

ORIENTATION PACKET
for Local WIC Programs

°Organizational Chart of State WIC Employees

°State Office Staff WHO'S WHO

°WIC WORKS! brochure

°Program List of Local WIC Agencies

°Catchment Area Map

°Catchment Area List/Town List

°Phone Listing for Local WIC Agencies

°Reading List

°WIC Resource Library Bibliography and Acquisition List

°Nutrition Order Forms for Nutrition Education Materials and Foreign Materials

CONTENTS

of

ORIENTATION PACKET
For State Staff

°Organizational Chart of State WIC Employees

°Map of Office Location of State WIC Employees

°State Office Staff WHO'S WHO

°List of Legal Holidays

°Family Health Services Orientation Meeting

°WIC WORKS! brochure

°Recommended Readings

°General Information

- Weekly Schedule Forms
- ID Card
- Office Security
- Fire Alarm
- Reserving Rooms
- Library
- Dress Code
- Refrigerator and Microwave
- Flex Time

°Payroll Procedures

°Photocopying, Printing, Graphics

°Typing

°Travel Reimbursement/General Reimbursements

°Supplies - Location and Ordering

°Mail/Routing Material to Staff Mailboxes

°Telephones

FISCAL YEAR 1986 GOALS AND OBJECTIVES

INTRODUCTION

Massachusetts State WIC activities are defined in five major areas: Administration and Management, Fiscal, Food Delivery, Nutrition, and Program. Food Delivery is divided into Electronic Data Processing, Vouchers, Vendors, and Monitoring. The box on the top of each section's Goals and Objectives identifies the primary focus of that section. The objectives for FY 86 support the focus of that section.

The overall focus of FY 86 will be evaluation and stabilization of the system. A major emphasis will be placed on the resolution of identified problem areas. New initiatives will be limited to those identified in the evaluation as needing change.

The goal for FY 86 statewide participation will be approximately 63,000, to be jointly funded by federal funds and supplemental state funds. The breakdown is as follows:

- o 9891 women, 13,671 infants, and 39,438 children will be served.
- o 44% of the eligible population will be served.

This number is composed of approximately 55,500 served with federal funds and approximately 7500 served with state supplemental funds. The federal caseload is based on the following assumptions:

- a 4% increase in food allocation
- a 2% increase in cost of average food package.

If either of these factors change, an adjustment will be made in the number of participants to be served.

The major emphases for Massachusetts WIC in FY 86 will be to:

- o design an organizational plan to meet the current program needs
- o evaluate the EDP system to improve its efficiency
- o develop an MIS system that provides all necessary management reports in a timely, accurate manner
- o work with USDA/NERO to resolve the OIG audit issues
- o evaluate and revise the current fiscal system, as needed.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

To provide structural and conceptual leadership to staff within the WIC system in order to maximize the effectiveness of the delivery of WIC services to 63,000 participants across Massachusetts.

The primary Administration and Management objectives for FY 86 are

1. To provide WIC services to 63,000 participants across the state.

   A. Release an RFP and contract with local agencies throughout the state to provide WIC services. Review current Needs Assessment and establish improved equity in caseload distribution among local agencies.

   B. Provide technical assistance to local agencies in preparing grant proposals and initiating start-up of contracts.

2. To improve the efficiency and effectiveness of the EDP system and food delivery component.

   A. Contract with outside consultant to conduct a comprehensive MIS evaluation. See Part II: FY 86 GOALS AND OBJECTIVES, Section D.1: FOOD DELIVERY: EDP and Section D.2: FOOD DELIVERY: VOUCHERS.

   B. Reach resolution of OIG audit findings with NERO and OIG. (All corrective action plans for audit resolution are included in the FY 86 goals and objectives.)

3. To develop a state agency staffing plan to assure the effective operation of the WIC Program.

   A. Design a staffing plan, with accompanying organizational chart and job descriptions.

   B. Refill vacant positions, as indicated.

   C. Design annual workplans with all managers.

   D. Conduct annual performance evaluations of all staff in accordance with performance management standards of EOHS.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

FISCAL

To insure timely and accurate receipt, disbursement and accounting of all funds used to support WIC services throughout Massachusetts.

The primary objectives for the Fiscal component for FY 86 are

1. To insure appropriate, accurate and timely funds disbursement and accounting for contracted services.

   A. Prepare weekly drawdowns for federal funds.

   B. Prepare accurate 498 reports for timely submission.

   C. Complete implementation of standard property management/inventory procedures for all local agencies.

2. To refine internal systems for recording State agency fiscal transactions.

   A. Update procedures for identifying and following up on bank errors for all WIC accounts.

   B. Conduct weekly analysis of expenditures and allocations.

   C. Update property management/inventory control procedures at State agency.

3. To review food costs in conjunction with the nutrition component, to provide optimum nutritional benefits at a reasonable cost.

   A. Investigate the inclusion of a small cheese package.

   B. Investigate the use of the matrix food package system as a method of tailoring, reducing waste and reducing food costs.

4. To coordinate fiscal procedures with the accounting offices in DFHS and DPH.

   A. Evaluate existing procedures.

   B. Develop a fiscal control system which integrates all applicable DPH fiscal procedures.

   C. Develop appropriate internal and external reporting forms to assure that all levels of management and other government bodies as necessary are kept up to date on the program's fiscal status.

5. To complete investigation and follow-up with local agencies in cases of possible outstanding advances.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

FOOD DELIVERY: ELECTRONIC DATA PROCESSING

To maximize the effectiveness of WIC systems through the appropriate use of computer support.

The primary objectives for the Food Delivery: EDP component for FY 86 are

1. To define the role and improve the performance of the WIC EDP component to meet the present and future production and information needs of the State WIC Program.

   A. Participate in an evaluation of the WIC EDP system.

   B. Implement needed changes as per findings of the evaluation, beginning in February, 1986.

2. To implement necessary enhancements to the WIC system. (October 1, 1985 - January 31, 1986)

   A. Complete conversion to new reconciliation program and put it into production.

   B. Revise programs to fully respond to the needs identified by the USDA/OIG audit: cash errors, dual participation, undistributed vouchers, multiple voucher issuance, and unrecorded vouchers.

   C. Revise edit programs to ensure higher level of data integrity.

   D. Integrate the ARVA vendor monitoring system into WIC production systems.

3. To increase the effectiveness of processing and accuracy of output from the WIC system.

   A. Participate in development of specifications for ancillary services contract bids (keypunching, printing and delivery services).

   B. Change production requirements (e.g., change card input to tape input, change file size).

FISCAL YEAR 1986 GOALS AND OBJECTIVES

FOOD DELIVERY: VOUCHERS

To ensure accurate, timely provision of vouchers to local programs for distribution to 63,000 participants each month, with emphasis on accountability for the safeguarding of vouchers and accuracy of procedures at local programs

The primary objectives for the Food Delivery: Vouchers component for FY 86 are

1. To implement changes in the current voucher system, in collaboration with EDP staff wherever necessary.

   A. Increase quality of reports provided to local and state staff.

   B. Research and solve problems in existing EDP programs.

   C. Restructure staff duties to increase efficiency.

   D. Develop new control systems to insure efficiency in processing of input and other voucher operations.

   E. Complete documentation of state agency voucher operations.

2. To work with the EDP evaluation consultant and EDP Workgroup of the Division of Family Health Services in an overall review of the WIC voucher system and in planning further changes to the current system or in developing a new system. See Part II: FY 86 GOALS AND OBJECTIVES, Section D.4: FOOD DELIVERY: MONITORING for additional goals.

3. To participate in development of specifications for keypunching, printing and delivery services.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

FOOD DELIVERY: VENDORS

To ensure maximum compliance with WIC regulations and policies by all retail food stores, dairies and pharmacies contracting with the WIC Program to provide services to WIC participants in Massachusetts.

The primary objectives for the Food Delivery: Vendors component for FY 86 are

1. To ensure more stringent standards are applied in the vendor contracting process statewide.

   A. Revise the vendor agreement to reflect changes in Federal regulations and state policies in FY 85.

   B. Refine vendor sanction policy format to coincide exactly with vendor agreement content and format.

2. To integrate AVIS (Automated Vendor Information System) and ARVA (Applied Research on Vendor Abuse) systems into ongoing vendor operations.

3. To implement the revised Vendor Sanction Policy.

   A. Develop procedures for local and State agency use of policy.

   B. Develop written materials for use in vendor monitoring.

   C. Provide technical assistance to local agencies in implementing sanction policy.

4. To develop vendor training materials for use by store managers and cashiers.

5. To provide technical assistance to local agency staff to maximize positive vendor relations.

   A. Revise Procedure Manual as appropriate.

   B. Conduct inservice training for local agencies on training of vendors, as appropriate.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

FOOD DELIVERY: MONITORING

To minimize loss through the aggressive, detailed monitoring of all aspects of the WIC Food Delivery system.

The primary objectives for the Food Delivery: Monitoring component for FY 86 are

1. To conduct food delivery site visits to all local WIC Programs to monitor voucher distribution procedures, undistributed voucher procedures, voucher security, manual voucher inventory, and vendor records and procedures, in collaboration with nutrition and program staff.

2. To provide training to local agency staff on ongoing food delivery accountability issues.

3. To implement a system for the detection and follow-up of dual participation.

4. To implement a system for follow-up by local programs of "cash errors".

5. To implement a system for periodic identification of and follow-up to cases of multiple issuance of vouchers.

6. To implement a system for the detection and follow-up of paid vouchers issued to participants not on masterfile.

7. To implement a system of follow-up of undistributed vouchers recorded on voucher registers.

8. To obtain and evaluate descriptions of local agencies' food delivery accountability procedures, through FY 86 RFP.

9. To complete follow-up to audit issues of previous cash errors and unrecorded vouchers.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

NUTRITION

To assure appropriate determination of nutritional risk, nutrition assessment, nutrition counseling and education to all WIC participants.

The primary objectives of the Nutrition component for FY 86 are

1. To establish special projects to promote positive changes in nutritional status of participants:

   A. Increase the incidence of breastfeeding among the postpartum WIC population, and increase the length of time they breastfeed.

      - Complete the intervention study of breastfeeding promotion techniques in local programs. Identify which promotion technique was most successful in promoting increased incidence and length of time breastfeeding.

      - Complete a breastfeeding policy in collaboration with the Office of Nutrition Services of the Division of Family Health Services.

   B. Ensure the provision of appropriate nutrition education to Southeast Asian participants.

      - Provide ongoing training and technical assistance to SEA paraprofessionals.

      - Provide resource materials to local agency staff regarding SEA participants.

2. To provide technical assistance/training to local program staff.

   A. Evaluate local program operations to ensure efficiency and accuracy in certification procedures, participant access, and provision of nutrition education.

   B. Collaborate with program and food delivery sections to provide training for all new local agency staff.

   C. Coordinate service delivery and inservice trainings for local nutrition staff with the MCH nutritionists and the Office of Nutrition Services (ONS).

3. To institute systems changes to improve program efficiency.

   A. To ensure accurate collection of participant data.

      - Collaborate with the EDP and Program sections to revise the input forms.

      - Consult with DPH and ONS regarding CDC surveillance for pediatric and prenatal participants.

   B. To ensure provision of appropriate food packages.

      - Collaborate with EDP and Food Delivery staff to redesign the food package tables. Investigate the implementation of the food package matrix system.

      - Provide guidance to local agency staff regarding food package tailoring.

      - Investigate the inclusion of a small cheese package.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

PROGRAM

To ensure appropriate, timely service to WIC participants in Massachusetts by those public or private, non-profit health or human service agencies holding WIC contracts.

The primary objectives of the Program component for FY 86 are:

1. To standardize administrative systems among local programs. Specific target areas will be waiting list procedures, termination procedures, income eligibility, caseload management and translations of program materials.

   A. Update Procedure Manual as necessary.

   B. Provide follow up through annual management evaluations at all local programs.

   C. Conduct monthly review of local program caseloads and provide intervention as necessary.

   D. Produce state-translated program materials (forms and letters) to address the cultural and linguistic needs of non-English speaking WIC participants.

2. To offer new staff training on a semi-annual basis and inservice training for local programs on income eligibility determination, civil rights and cross-cultural issues.

   A. Assist local programs in sharing their knowledge of local program administration by offering opportunities for local program staff to present at trainings and inservices.

3. To provide guidance on affirmative action in the context of the Civil Rights Act.

   A. Develop a statewide affirmative action list to be used by the state WIC office and local WIC programs in recruiting staff from ethnic/racial minorities.

   B. Establish contact with statewide universities and colleges with departments of nutrition to increase recruitment of ethnic/racial minorities.

4. To continue to provide WIC services to Southeast Asian (SEA) participants in a culturally sensitive manner.

   A. Maintain a team of SEA Nutrition Assistants placed in local programs with high numbers of SEA participants/eligibles.

   B. Provide technical assistance (training, inservices, resource and nutrition education materials) to local WIC staff and SEA WIC Nutrition Assistants.

   C. Develop nutrition education tools for use by SEA WIC nutrition assistants and SEA WIC participants.

   D. Prepare for a gradual "phase-out" of the WIC SEA Project by the end of SFY 86, by encouraging local programs to integrate SEA nutrition assistants into local program staffing patterns as needed.

5. To establish and maintain strong communication among state office staff involved with local program issues.

   A. Conduct bi-weekly local program meetings to share information on policies and events.

   B. Develop a monthly calendar of all events and deadlines imposed on the local programs by the State Office.

   C. To coordinate outreach, referrals and training with all other MCH and SHC programs who provide services to a similar target population.

6. To improve the delivery of WIC services.

   A. Monitor local program data by further utilizing the BCS mainframe and the WIC personal computer to project statistical trends relevant to caseload management, staffing needs, availability of funds, and other factors affecting the delivery of WIC services and community participation.

   B. Apply data on Massachusetts communities, including infant mortality and unemployment rates, to allocation of statewide caseload.

   C. Monitor all local programs through on-site visits, in collaboration with nutrition and food delivery sections.

Massachusetts WIC Program

PROCEDURE MANUAL

THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

MASSACHUSETTS

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

(WIC PROGRAM)

FISCAL YEAR 1986

STATE PLAN

SECTION 2: PROCEDURE MANUAL

STATE PLAN

Section 2: Procedure Manual

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b. Responding to Comments and Complaints from Vendors	8/85
- VENDOR'S COMMENT/COMPLAINT FORM	8/85
13. Routine Vendor Monitoring	8/85
a. Vendors' Quarterly Price Reporting	8/85
- FOOD VENDOR PRICE LIST	8/85
- PHARMACY PRICE LIST	8/85
- QUARTERLY PRICE REPORT LETTER	8/85
b. Responding to Comments and Complaints from Participants	8/85
- PARTICIPANT'S VENDOR COMPLAINT FORM	8/85
c. On-site Vendor Review	8/85
- VENDOR ON-SITE REVIEW FORM	8/83

	Date of last Revision
V. FOOD DELIVERY (cont.)	
B. VENDOR SYSTEM (cont.)	
14. Vendor Sanctions	8/85
- VENDOR SANCTION POLICY	8/85
15. Vendor Appeals of WIC Decisions	8/85
a. Vendors's Requests for Hearings	8/85
b. Vendor Participation Pending a Hearing	8/85
c. Vendors' Hearing Procedures	8/85

PURPOSE OF THE PROCEDURE MANUAL

This Procedure Manual constructs a framework -- a way to think about WIC. The Manual has five sections. Each section addresses one of the major components of a local WIC program.

I.	Introduction:	introduction to the Massachusetts WIC Program
II.	State WIC Office:	explanation of the role of the State WIC Office and the Massachusetts Department of Public Health in relation to the local WIC program
III.	Program Development:	policy and procedures to set up a local WIC program, and descriptions of a local program's relationship to its sponsoring agency and the local program's role in the community
IV.	Program Administration:	the step-by-step process for running a local WIC program and suggestions for a variety of ways to manage different kinds of programs
V.	Food Delivery:	administering the voucher system and managing WIC vendors

This Procedure manual will be useful to new WIC staff members as they are learning about the mechanics of WIC. The Manual will also be useful for experienced members of the WIC staff when they have procedural questions and when they want suggestions for changing program procedures.

USE OF THE PROCEDURE MANUAL

The Procedure Manual is a reference document which sets forth the federal regulations and state policies pertaining to the running of a local WIC program. Local programs are expected to use this document to ensure their compliance with these regulations and policies. It is expected that local programs will develop their own protocols and procedures to ensure this compliance. The Procedure Manual offers many suggestions/alternatives which a local program may use to assist them in developing appropriate protocols and procedures.

The Manual is set up as an expanded outline. It is organized to provide local WIC staff with step-by-step guidance for administering a local WIC program.

Each section begins with a summary, surrounded by a box. The information in the boxes is mandatory - the basics for running a local WIC program.

The text below the boxes explains and expands the information in the boxes, and often provides suggestions from which local staff can choose. Suggestions are always clearly labelled as such, and requirements are clearly defined.

By using the Procedure Manual frequently, a local WIC program can understand what are the policies defined by the State WIC Office, and what are possibilities for a variety of ways of administering the WIC Program.

HOW TO FIND INFORMATION IN THE PROCEDURE MANUAL

Every item in the Procedure Manual is listed in the Table of Contents. All numbers and letters which identify items in the Table of Contents are repeated exactly on the top right corner of the corresponding pages in the text.

For example, if you want to find the Mandatory Minimum list for food vendors, look it up in the Table of Contents and note all the numbers and letters which identify it:

V. FOOD DELIVERY

B. Vendor System

4. Vendor Selection

b. The Mandatory Minimum

1) The Mandatory Minimum for Food Vendors

Then in the text, find the page labeled in the top right corner:

PART V: FOOD DELIVERY
SECTION B.4b(1)
PAGE: 1
DATE: 10/83

Note: the Appendix section of the Procedure Manual has been eliminated. All supplementary material is now part of the section to which it pertains, and is listed under that section in the Table of Contents. If an item pertains to more than one section, it is included in the section which appears first. The next time the item is mentioned, there will be a notation telling you where it may be found.

BRIEF DESCRIPTION OF THE WIC PROGRAM

The Special Supplemental Food Program for Women, Infants, and Children (WIC Program) is a federally-funded supplemental food and nutrition education program created by Congress in 1972.

The program is specifically designed to serve as an adjunct to good health care during certain critical periods of human growth and development.

The U.S. Department of Agriculture funds state departments of health and Indian agencies, which in turn may contract with local health or social service agencies to provide WIC Program services to the community. In Massachusetts, the Department of Public Health Division of Family Health Services contracts with 35 local agencies to operate the program.

Pregnant women, breastfeeding women, postpartum women, infants, and children under age five are eligible for the program if they live in Massachusetts, if they meet the income standards (185% of the federally-established poverty level) and if they are "nutritionally at risk" as determined by medical and nutritional assessment.

Certified participants receive a set of vouchers monthly for specific nutritious foods. These vouchers are redeemable through local food vendors or pharmacies that have a contract with the WIC Program. A centralized computer system monitors the issuance and redemption of food vouchers, and monthly computer reports assist State and local program personnel in administering the Program.

The WIC Program also provides nutrition education to the parents of the infants and children and to the women on the program. Individuals learn about the specific nutrient needs of growth and development during pregnancy and early childhood, the food sources of these nutrients, and ways to shop and prepare economical, well-balanced meals. The goal of nutrition education is to provide participants with information that will help improve their eating habits and will help address their particular nutritional concerns.

Infants and children are re-evaluated at approximately six month intervals to determine if they are still eligible for the WIC Program, and pregnant women remain eligible until six weeks postpartum. Postpartum, non-breastfeeding women may remain on the program until their babies are six months old. Breastfeeding women must be re-evaluated at six-month intervals, and are eligible until their babies are one year old. If a local WIC program has reached its maximum caseload, it places WIC-eligible persons whom it cannot yet serve on a waiting list.

Beginning in FY 84, Massachusetts WIC received additional funding from the Massachusetts State legislature in response to the findings of the Massachusetts Nutrition Survey. In FY 86, Massachusetts WIC will continue to receive supplemental state funds.

DEFINITIONS

1. Affirmative Action Plan: the formal plan developed by the State WIC Office to determine allocation of WIC funds according to need.

2. Applicant: person applying for WIC benefits.

3. Breastfeeding Women: women up to one year postpartum who are breastfeeding their infants.

4. Caseload: the number of participants served by a local WIC program. Caseload number is designated by the State WIC Office in collaboration with the sponsoring local agency and the local WIC program.

5. Catchment Area: the geographic area served by a local WIC program.

6. Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the WIC Program.

7. Children: persons who have had their first birthday but have not yet attained their fifth birthday.

8. Competent Professional Authority (CPA): Those individuals who determine nutritional risk and prescribe WIC supplemental foods. The qualifications required of competent professional authorities are set forth in Section 246.7(m) of the Federal Regulations. In Massachusetts, senior and program nutritionists and nutritionist/directors are C.P.A.s. Nutrition paraprofessionals may become CPAs with authorization from the State Nutrition Coordinator. The senior nutritionist at the local program may request authorization for a nutrition paraprofessional when the paraprofessional is capable of making independent judgement on nutritional risk, has mastered the certification and care plan process, and has participated in a State training. Nutrition paraprofessionals who are CPAs may certify participants and do not need a countersignature from their supervising nutritionist. Nutrition paraprofessionals who are CPAs must receive ongoing training and on-site supervision.

9. Computer Masterfile: a data file stored in the computer. Generally includes all information about participants, food packages, and voucher distribution.

10. Days: calendar days except for those time standards which specify working days.

11. Department: the Massachusetts Department of Public Health (DPH).

12. Disqualification: the act of ending the participation of a WIC participant, authorized WIC vendor, or authorized local WIC agency, whether as a punitive sanction or for administrative reasons.

13. Division: the Division of Family Health Services (DFHS) within the Massachusetts Department of Public Health.

14. District Health Office (DHO): the representative of the Massachusetts Department of Public Health, Division of Family Health Services serving each geographic region.

15. Dual Participation: simultaneous participation in the WIC Program in more than one local WIC program.

16. FNS: the Food and Nutrition Service of the U.S. Department of Agriculture.

17. FTE (Full Time Equivalency): a decimal indicating the percentage of full time employment an employee works on an annual basis. A full time employee works 1 FTE; a person working 10 hours in a 40 work week works 10/40 or .25 FTE.

18. Federal Regulations: rules governing WIC issued by the U.S. Department of Agriculture.

19. Fetal Mortality: death occurring between 20 weeks gestation and birth.

20. a. Fiscal Year, Federal: the period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year.

b. Fiscal Year, State: the period of 12 calendar months beginning July 1, of any calendar year and ending June 30 of the following calendar year.

21. Food Delivery System: the method used by the WIC Program to provide WIC supplemental foods to participants.

22. Food Instrument: a voucher, check, coupon or other document used by a WIC participant to obtain supplemental foods.

23. Food Package: the group of individually tailored foods assigned to the WIC participant by the competent professional authority.

24. Food Vendor: a grocery store, food cooperative, dairy or commissary that has formally contracted with a local WIC program to provide WIC supplemental foods.

25. Food Voucher: the food instrument used in Massachusetts. Computer-generated vouchers are preprinted monthly checks containing a specific participant's name, the date the check is to be issued, and the specific foods which can be purchased. Manual issue vouchers are checks upon which local WIC program staff write a specific participant's name and date at the time they issue the check to a participant. Manual issue vouchers are used on a temporary basis, in situations where there is not enough time to request and receive computer-generated vouchers.

26. Health Services: ongoing, routine pediatric and obstetric care.

27. Income Poverty Guidelines: income poverty guides as adjusted annually by the federal Office of Management and Budget.

28. Infants: persons under one year of age.

29. Infant of High Risk Mother: an infant up to six months of age born to a woman who was at nutritional risk during pregnancy.

30. Local Agency (LA): a public health or human service agency or a private, non-profit health or human service agency which provides health services, either directly or through contract in accordance with Section 246.5 of the Federal Regulations. Generally used to refer to those agencies providing local WIC services through contract with the Department of Public Health.

31. Local WIC Program: the programmatic unit within a local agency that directly provides WIC services to WIC participants.

32. Low Birth Weight: birth weight under 2500 grams or under 5 lbs., 8 oz.

33. Migrant farmworker: an individual whose principal employment is in agriculture on a seasonal basis who has been employed within the last 24 months and who establishes, for the purposes of such employment, a temporary abode.

34. NERO: the New England Regional Office of the U.S. Department of Agriculture.

35. Needs Assessment: a computer-generated ranking by relative need of Massachusetts cities and towns based on economic and health indicators.

36. Non-Profit Agency: a private agency which is exempt from income tax under the Internal Revenue Code of 1954, as amended.

37. Nutrition Education: individual or group educational sessions and the pro vision of information and education materials designed to improve health status, achieve positive changes in dietary habits, and emphasize rela tionships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

38. Nutritional Risk: (1) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) other documented nutritionally related medical conditions; (3) dietary deficiencies that impair or endanger health; or (4) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

39. Participants: pregnant women, breastfeeding women, postpartum women, infants and children who have been certified by the WIC Program and are receiving WIC supplemental foods or WIC food instruments.

40. Participation: the number of persons who have received supplemental foods or food instruments in the reporting period.

41. Pharmacy: a retail vendor of infant formula that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC infant formulas to WIC participants.

42. Postpartum Women: women up to six months after termination of pregnancy.

43. Pregnant Women: women determined to have one or more embryos or fetuses in utero.

44. Priorities: the order in which the competent professional authority fills program vacancies after the local WIC program has reached its caseload (see Section 246.7 (d)(3) of Federal Regulations).

45. Program: the Special Supplemental Food Program for Women, Infants, and Children (WIC).

46. RFP: a formal request for proposals issued by the Massachusetts Department of Public Health, Division of Family Health Services to solicit applications from Local Agencies to provide WIC services.

47. Repeat Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the WIC Program immediately following at least one complete certification period on the WIC Program.

48. Respondent: respondent to the request for proposals (RFP).

49. Site(s): the location(s) where WIC services are provided to participants.

50. State: the Commonwealth of Massachusetts.

51. State Agency (SA): the State WIC Office.

52. State WIC Office: the unit within the Department of Public Health, Division of Family Health Services which administers WIC functions throughout the State.

53. USDA: the United States Department of Agriculture.

54. Voucher System: a centralized computer system operated by the State WIC Office which produces food vouchers for all program participants and management reports for use by local WIC programs and the State WIC Office.

55. Waiting List: a list of women, infants and children who apply for WIC but cannot be assessed to determine eligibility because the local WIC program has reached its assigned caseload.

56. WIC: the Special Supplemental Food Program for Women, Infants and Children.

57. WIC Infant: an infant up to six months of age born to a woman who participated in the WIC Program while pregnant.

58. WIC Services: certification, nutrition education and counseling, voucher distribution and health care referral.

59. WIC Vendor: a retail food outlet or pharmacy that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

OVERVIEW OF THE STATE WIC OFFICE

THE STATE WIC OFFICE IS PART OF THE MATERNAL AND CHILD HEALTH SECTION OF THE DIVISION OF FAMILY HEALTH SERVICES WITHIN THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

THE STATE WIC OFFICE ADMINISTERS THE FUNDS GIVEN BY THE UNITED STATES DEPARTMENT OF AGRICULTURE AND THE MASSACHUSETTS LEGISLATURE TO THE DEPARTMENT OF PUBLIC HEALTH FOR RUNNING THE WIC PROGRAM.

The State WIC Office is the administrative office which supervises the provision of WIC services to participants throughout the state.

Much of the administrative coordination of running the WIC Program in Massachusetts is done by the local community agencies that receive contracts from the State WIC Office for providing WIC services at the local level. Local agencies receive contracts annually for a specified amount of money for the provision of services to a designated number of participants.

The State WIC Office provides regulation, guidance, technical assistance and training to local agency staff and to local WIC program personnel for the successful administration of a local WIC program. The State WIC Office also monitors local WIC program performance on an annual basis.

ORGANIZATION

THE MASSACHUSETTS STATE WIC OFFICE IS ORGANIZED TO PROVIDE TECHNICAL ASSISTANCE TO LOCAL AGENCIES IN ALL AREAS OF PROGRAM OPERATION.

THE COMPONENTS OF THE STATE WIC OFFICE

THE STATE WIC OFFICE HAS TWO PRIMARY FUNCTIONS:

1. SERVICE
2. SYSTEMS

The SERVICE function includes nutrition, program and training support. These involve:

- Development of professional standards for all nutrition activity
- Provision of resources for nutrition education
- Caseload management
- Ongoing liaison, technical assistance and training to local staff

The SYSTEMS function includes fiscal support and food delivery support including both electronic data processing and vendor relationships. These involve:

- Contracting and billing with/from local agencies
- Cash receipts and disbursements of dollars for food for participants
- Generation of food vouchers for each participant
- Contracting standards for all vendors
- Monitoring of all vendor redemption patterns

The administrative function of the State WIC Office coordinates all activities and ensures that the focus of all activity remains on providing appropriate service for participants. The State WIC Office is responsible for monitoring all local programs annually to assure compliance with Federal regulations and state policies.

STATE WIC OFFICE STAFF

THE STATE OFFICE PROVIDES LOCAL PROGRAMS WITH A LISTING OF STATE STAFF

The "STATE OFFICE STAFF WHO'S WHO" provides local staff with brief job descriptions for all State WIC staff, to enable local staff to address questions and requests to the appropriate State staff member. This listing is updated on a regular basis.

MASSACHUSETTS WIC PROGRAM

STATE OFFICE STAFF
WHO'S WHO

150 Tremont Street

Boston, MA

(617) 727-6876

727-6878
727-6922
727-6923

ADMINISTRATION

NAME and TITLE:	BRIEF JOB DESCRIPTION:	ANSWERS QUESTIONS FROM LOCAL PROGRAMS ABOUT:
Mary K. Kassler, STATE WIC DIRECTOR	Has ultimate responsibility for the operation of the Massachusetts WIC Program, including distribution of Federal funds, start-up of new programs, development of policy, contracting with local agencies, and representation of WIC to the Department of Public Health, USDA and other Federal and State agencies.	o Legislative issues o National WIC policy o State WIC policy
(to be hired) ADMINISTRATIVE ASSISTANT	Provides administrative support to Director and assists in the personnel administration of the State WIC office. Supervises, recommends, and implements administrative systems. Provides supervision and training to support staff.	
Michele Chapais, SENIOR METHODS AND SYSTEMS ANALYST	Provides administrative support to the Director. Works with the Administrative Assistant to research, recommend and implement integrated systems for filing and retrieval of State office resource materials, including disc and hard copy materials. Assists in researching, abstracting and formatting articles and other informational materials. Provides assistance with special projects.	o State plan o General resource documents
Althea Greenidge, OFFICE MANAGER	Has overall responsibility for the general management of State WIC office operations, including planning and coordinating clerical work, developing and carrying out training for new clerical staff, developing office work standards and procedures and overseeing telephone coverage and posting of mail.	
Maria Sica, SENIOR CLERK/TYPIST	Responsible for typing, mailing, copying, phone coverage and general office procedures.	o WIC memos
Cheryl Bowers, RECEPTIONIST	Responsible for phone coverage and general office procedures.	o Job openings

SERVICE COMPONENT

PROGRAM

NAME AND TITLE:	BRIEF JOB DESCRIPTION:	ANSWERS QUESTIONS FROM LOCAL PROGRAMS ABOUT:
Linda Jo Stern, ASSISTANT DIRECTOR	Overall responsibility for the programmatic and nutrition sections, including interpretation of federal regulations, state health department policies, and integration with other state programs serving women and children.	o Regulations
Doralba Munoz-Godales, PROGRAM MANAGER	Ensures the provision of quality services to participants at the local level, with emphasis on local program administration. Provides technical assistance, including interpretation of federal regulations/state policies and consultation on local program operation. Responsible for the Program portion of local program site visits. Has overall responsibility for the plan- and implementation of the Southeast Asian Project to ensure appropriate services to SEA participants.	o Caseload management/waiting lists o Catchment areas o Local program staffing o Start-up of new programs o Renewal application/RFP o Income eligibility o Fair hearings
Belinda Friedrich, PROGRAM/TRAINING SPECIALIST	Provides technical assistance to local programs regarding the administrative component of the WIC Program. Conducts program/nutrition site visits. Has overall responsibility for Training component.	o Local program administration o Program statistics: waiting list, catchment areas o New staff training o Program/nutrition site visits o Program list changes
Marilyn Gillespie, SEA FIELD COORDINATOR	Coordinates and oversees SEA field staff placements. Serves as liaison between SEA Project field staff and state office. Provides local programs with resources and referrals around SEA refugee issues.	o SEA field staff payroll issues o Cross-cultural issues

SERVICE COMPONENT

NUTRITION

NAME AND TITLE:	BRIEF JOB DESCRIPTION:	ANSWERS QUESTIONS FROM LOCAL PROGRAMS ABOUT:
Joan Doyle, STATE NUTRITION COORDINATOR	Has overall responsibility for nutrition services at the State and local level, including program planning, technical assistance, and evaluation of nutrition services. Conducts annual nutrition site visits, including counseling and record reviews, and performs yearly review of Nutrition Education Action Plans and nutrition standards.	o Certification procedures including nutritional risk criteria o Nutrition education and counseling o Hiring and training of nutrition staff o Staff development o Food packages/WIC foods
Chris Mlara, NUTRITION CONSULTANT	Provides technical support to the Nutrition Section, including research and production of nutrition resources, policies and certification/assessment forms. Coordinates breastfeeding project.	o Breastfeeding resources and information
Jack Vondras, NUTRITIONIST - SEA PROJECT	Provides technical assistance to the SEA Project, including research and production of nutrition education resources. Participates in the training of the SEA field staff in nutrition related topics. Responsible for providing support to local programs on SEA food habits and nutritional needs.	o Nutrition education materials for SEA participants o Nutrition questions regarding SEA participants
Anna Marie Deane, ASSISTANT NUTRITION EDUCATION SPECIALIST	Provides administrative support to the nutrition section. Maintains and processes requests for resource and library materials.	o Nutritionists' meeting schedule o Resources and library materials o Site visit scheduling o Time studies
Barbara Ward, GRAPHIC ARTS SPECIALIST	Has overall responsibility for the production (illustration, layout and printing) of all nutrition education materials in all languages, newsletters, and graphics for signs, slides, pamphlets, transparencies and manuals. Provides layout and design for State Agency administrative needs.	o Nutrition education materials o Liaison with Nutrition Education Task Force o Limited assistance with art-related projects
Judy Dunlap, NUTRITION EDUCATION CLERK	Overall responsibility for the production, compilation and distribution of printed materials developed by the Massachusetts WIC Program.	o Orders for state produced materials

SYSTEMS COMPONENT

FOOD DELIVERY

NAME and TITLE:	BRIEF JOB DESCRIPTION:	ANSWERS QUESTIONS FROM LOCAL PROGRAMS ABOUT:
Lucy Richardson, FOOD DELIVERY DIRECTOR	Has overall responsibility for the food delivery section of the WIC program, i.e. the voucher and vendor systems, and monitoring of both. Coordinates development of accountability procedures. Provides technical assistance and training to local program staff.	o Food delivery policy o Food delivery accountability
Anne Pearson, PROGRAM SPECIALIST IN FOOD DELIVERY	Provides technical assistance to local programs regarding the food delivery system. Monitors compliance with food delivery procedures at local program site visits.	o Food delivery site visits o Computer system problems o Computer reports o Accountability procedures
Jeri Ford, VENDOR COORDINATOR	Has responsibility for voucher production. Coordinates local agencies' relationships with WIC vendors and vendor application process. Provides training and technical assistance to local programs.	o Voucher production and delivery o Systems related problems o Vendor contracting and monitoring o Vendor selection plans o Participant fraud and abuse
Lucy Costa, VENDOR COMPLIANCE ASSISTANT	Has responsibility for manual voucher ordering. Provides technical assistance for local program staff. Provides support to the vendor system. Handles vendor reimbursement.	o Program stamp orders o Vendor reimbursements o Manual voucher orders o Microfiche o Vendor stamps
Donna Blischke, OPERATIONS ASSISTANT	Has responsibility for processing all input to and from the computer system. Compiles statistical information for State Agency use. Provides technical support for the voucher system and liaison with support services (i.e., key punching.) Supervises voucher screening at State Street Bank.	o Undistributed vouchers o Input and input form orders o Stop payments o Voucher production o Lost or stolen vouchers

SYSTEMS COMPONENT

FISCAL

NAME and TITLE:	BRIEF JOB DESCRIPTION:	ANSWERS QUESTIONS FROM LOCAL PROGRAMS ABOUT:
Barbara Loatman, FISCAL MANAGER	Has overall responsibility for management and supervision of the fiscal section of the WIC Program. Integrates WIC fiscal activities into overall administration of the Division of Family Health Services and the US Department of Agriculture. Interprets Federal and State fiscal regulations for development of State WIC policy. Responsible for WIC Program's grant and contract process. Provides training and technical assistance to local agencies.	o Fiscal policies and procedures o Fiscal audits
Ella Naydich, GRANTS MANAGEMENT SPECIALIST	Has responsibility for the processing of local agency reimbursements and contract accounts, preparation of monthly and quarterly expenditure reports, and contract compliance.	o Reimbursements o Billing questions
Marla Arquedas, SENIOR ACCOUNTANT	Assists the fiscal manager in carrying out WIC accounting and budgeting procedures, processing of SA bills for payment, complying with State and Federal regulations, integration of WIC system into administration of Division of Family Health Services and the Department of Public Health, audit preparation, State and Federal reporting, analysis and projection.	o Equipment requests/purchases
Beverly Andrew, JUNIOR ACCOUNTANT	Has responsibility for processing of payments, records keeping and providing support to fiscal section.	

SYSTEMS COMPONENT

EDP

NAME and TITLE:	BRIEF JOB DESCRIPTION:	ANSWERS QUESTIONS FROM LOCAL PROGRAMS ABOUT:
Merrill Hudson, EDP COORDINATOR	Has supervisory responsibility for coding, testing and documenting changes and enhancements to the WIC computer system. Assists in coordination of WIC data processing needs with other DPHS offices and development of long-term plans.	
(to be hired) EDP PROGRAMMER	Has responsibility for coding, testing and documenting changes and enhancements ot the WIC computer system. Responsibility for micro-computer systems at State WIC office.	

STATE WIC OFFICE EXPECTATIONS OF LOCAL AGENCIES

THE STATE WIC OFFICE CONTRACTS WITH A LOCAL AGENCY TO RUN A LOCAL WIC PROGRAM.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY TO ENSURE THAT THE LOCAL WIC PROGRAM IS WELL-MANAGED.

The Massachusetts WIC Program is run through hospitals, health centers, community action agencies and other non-profit health or human service agencies.

In effectively managing a local WIC program, the local host agency must be able to integrate the services components of the WIC Program (program development and administration and nutrition care) with the systems components (food delivery and fiscal management).

In running a local WIC program it is the responsibility of the local agency to:

1. Comply with all the fiscal and operational requirements of running a WIC Program as prescribed by the State WIC Office
2. Have a competent professional authority on the staff of the agency and have the capabilities necessary to perform certification procedures
3. Make available appropriate health services to participants and inform them of the health services available
4. Provide nutrition education services to participants
5. Implement a food delivery system as prescribed by the State WIC Office
6. Provide the State WIC Office with all required information regarding fiscal and program administration as required
7. Maintain complete, accurate, documented and current accounting of all program funds received and expended
8. Maintain on file and available for review, audit, or evaluation all criteria used for certification
9. Ensure that staff skills and knowledge are kept current by attendance at state-sponsored meetings, new staff training, and in-services.

Massachusetts WIC Program

PROGRAM LIST

The Massachusetts Department of Public Health contracts with local agencies to provide supplemental foods and nutrition education to eligible women, infants and children, and to coordinate these services with each participant's health care. WIC services are delivered at the WIC Program office and in most cases at additional sites.

WESTERN REGION	
1. BERKSHIRE WIC	Pittsfield
2. CHICOPEE/HOLYOKE WIC	Chicopee
3. FRANKLIN COUNTY WIC	Greenfield
4. HAMPSHIRE COUNTY WIC	Northampton
5. HOLYOKE/WESTFIELD WIC	Holyoke
6. SPRINGFIELD WIC	Springfield

CENTRAL REGION	
7. ATHOL WIC	Athol
8. NORTH CENTRAL WIC	Fitchburg
9. SOUTH CENTRAL WIC	Webster
10. WORCESTER WIC	Worcester

NORTHEAST REGION	
11. BEVERLY/GLOUCESTER	Beverly
12. HAVERHILL WIC	Haverhill
13. LAWRENCE WIC	Lawrence
14. LOWELL WIC	Lowell
15. LYNN WIC	Lynn
16. MALDEN/REVERE WIC	Malden

SOUTHEAST REGION	
17. BROCKTON WIC	Brockton
18. CAPE COD WIC	Hyannis
19. FALL RIVER WIC	Fall River
20. NEW BEDFORD WIC	New Bedford
21. PLYMOUTH WIC	Plymouth
22. TAUNTON WIC	Taunton

BOSTON AREA	
23. ALLSTON/BRIGHTON WIC	Brighton
24. CAMBRIDGE WIC	Cambridge
25. CHARLESTOWN/CHELSEA WIC	Charlestown
26. DORCHESTER/ROXBURY WIC	Dorchester
27. FRAMINGHAM WIC	Framingham
28. JAMAICA PLAIN WIC	Jamaica Plain
29. QUINCY WIC	Quincy
30. ROXBURY WIC	Roxbury
31. SOMERVILLE/MEDFORD WIC	Somerville
32. SOUTH BOSTON WIC	South Boston
33. SOUTH DORCHESTER/ ROSLINDALE WIC	Neponset
34. SOUTH END WIC	South End
35. UPHAM'S CORNER WIC	Dorchester

STATE WIC AGENCY STAFF

150 Tremont Street, 3rd floor, Boston, MA 02111
(617) 727-6876, 6878 727-6922, 6923

Mary K. Kassler	State WIC Director
Linda Jo Stern	Assistant Director
Lucy Richardson	Food Delivery Director
Joan Doyle	State Nutrition Coordinator
Merrill Hudson	EDP Coordinator
Barbara Loatman	Fiscal Manager
Doraiba Munoz-Godales	Program Manager
Jeri Ford	Vendor Coordinator
Anne Pearson	Program Specialist: Food Delivery
Chris Miara	Nutrition Consultant
Jack Vondras	Nutrition Consultant: SEA
Michele Chapais	Sr. Methods & Systems Analyst
Belinda Friedrich	Program/Training Specialist
Barbara Ward	Graphic Artist
Ella Naydich	Grants Management Specialist
Lucy Costa	Vendor Compliance Assistant
Marilyn Gillespie	Field Coordinator: SEA
Anna Marie Deane	Asst. Nutrition Education Spec.
Althea Greenidge	Office Manager
Maria Arguedas	Senior Accountant
Beverly Andrew	Junior Accountant
Maria Sica	Sr. Clerk Typist
Donna Blischke	Operations Assistant
Judy Dunlap	Nutrition Education Clerk
Cheryl Bowers	Receptionist

WIC Hotline Number
1-800-WIC-1007

Mon.-Fri., 8am-5pm

WESTERN REGION

PROGRAM	ADDRESS/TELEPHONE	SITES	STAFF
1. Berkshire WIC Program Berkshire Community Action Council	a) 150 North Street, Room 38 Pittsfield, MA 01201 M, T, TH, F 9-12 1-5 W 1-6 PHONE: (413) 443-4866/67 b) Adams Action Center 2nd & 3rd Th 9-12	c) Berkshire CAC, No. Adams (413) 663-3012 M-F d) Lee Community Action 1st & 2nd & 3rd W 8:30-4:30 (413) 243-0569 e) Dalton Comm. Center 2nd T 10-11 f) Children's Health Prog. Great Barrington Fri. 8:30-4:30 (413) 528-0457	Lois Root - Program Director (a Denise Jester - Sr. Nutritionist (a Jan Salzer - Nutritionist (a)
2. Chicopee/Holyoke WIC Program Valley Opportunity Council	a) 36 Center Street Chicopee, MA 01013 M-F 8-4 PHONE: (413) 592-4611 (413) 592-3700	b) Holyoke Health Center (413) 538-8188 M - Th 8:30 - 4:30 F 8:30 - 12:00 c) Council on Aging - Ludlow Th 8:30-3:30	Mary Golba - Program Director (a Cathy Baatz- Sr. Nutritionist (a Janice Munsell- Nutritionist (a) Paula Serafino-Cross Nutritionist (a)
3. Franklin County WIC Program Visiting Nurse & Health Services of Franklin Co.	a) 50 Miles Street Greenfield, MA 01301 M-F 8-4 PHONE: (413) 774-2302	b) Shelburne Falls 1st & 3rd W c) Orange Comm. Center (617) 544-8124 2nd & 4th M	Leslie Rutan - Program Director (a Cathy Bertinuson- Sr. Nutritionist (a
4. Hampshire County WIC Program Hampshire County Home Care Services	a) 31 Trumbull Road Northampton, MA 01060 M-F 8-4:30 PHONE: (413) 584-3591	b) Northampton, 1st 3 W (413) 584-3591 8-4:30 c) Huntington Health Ctr. (413) 667-3000 3rd F d) Bangs Community Center Amherst M e) Easthampton Comm. Ctr. 1st & 2nd Th f) Worthington 3rd F	Vicki Baum-Hommes - Program Director (a) Karen Blom - Sr. Nutritionist (a)
5. Holyoke/Westfield WIC Program Valley Opportunity Council	a) 56 Cabot Street Holyoke, MA 01040 M-F 9-5 PHONE: (413) 534-0291	b) Chamber of Commerce 164 Elm St. Westfield M-Th 8:30-5:00 (413) 568-1007	Elaine Pourinski - Program Director (a) Sandra Knoll - Nutritionist (b) Cheryl Pelland-Lak - Nutritionist (a)
6. Springfield WIC Program Family Planning of Western Mass.	a) Bowles Building, Suite 209 1618 Main Street Springfield, MA 01103 M-F 8-5 PHONE: (413) 737-5142 & 45	b) Brightwood H.C. W 9-11:30 c) Neighborhood H.C. M 9-11:30 d) McKnight Neighborhood Council 1st & 2nd Th	Janet Wolfe - Program Director (a Edna Apostal - Sr. Nutritionist (a Rolf Anderson - Sr. Nutritionist (a

CENTRAL REGION

PROGRAM	ADDRESS/TELEPHONE	SITES	STAFF
7. Athol WIC Program Human Resource Center for Rural Communities	a) 521 Main Street Athol, MA 01331 M-F 8-4 PHONE: (617) 249-2647	b) Gardner W 9-12, 1-4:30 (617) 632-8700 c) Health Center Winchendon 1st & 4th T 9-4 d) Barre Health Center 3rd Tu 9-4:30	Fran Czajkowski - Program Director (a) Linda Wenc - Sr. Nutritionist (a)
8. North Central WIC Program Pro Health	a) MOC Health Services 732 Main Street Fitchburg, MA 01420 M-Th 8:30-4:30 F 10:30-4:30 PHONE: (617) 345-6272 345-0368	b) MOC - Leominster (617) 534-9117 M,T & W 8:30-4:30 c) YMCA - Ayer (617) 772-2681 Th d) WHEAT office-Clinton 1st T	Susan O'Brien - Program Director (a) Andrea Chaisson - Sr. Nutritionist (a)
9. South Central WIC Program Harrington Hospital	a) Pediatric Clinic 119 High Street Webster, MA 01570 M,T 8:30-4:00 PHONE: (617) 943-6183 M&T, Th&F	b) G.B. Wells Human Service Center Southbridge W-F 8:30-4:00 (617) 765-9167 x205 c) Mary Lane Hospital Ware M & T (413) 967-6211 x163 d) Milford-Whitinsville Hospital Tu,T,& W 9-12 & 1-4 (617) 478-2394	Judith Langlois - Program Director (a) Judith Jones - Sr. Nutritionist (a-d) Sonia Steele - Nutritionist (a-d)
10. Worcester WIC Program Family Health and Social Service Center	a) 875 Main Street Worcester, MA 01610 M-F 8:30-12, 1-5 PHONE: (617) 756-3528	b) Great Brook Valley W & Th 8:30 - 5 (617) 852-1805 x129 d) SAMS Program 1st F (617) 753-0556	Jane Dvorak - Nutr/Director (a,e) Marie Naughton - Sr. Nutritionist (a,d) Diana Scott - Nutritionist (a,b)

NORTHEAST REGION

PROGRAM	ADDRESS/TELEPHONE	SITES	STAFF
11. Beverly/Gloucester WIC Program Lynn Community Health Center	a) Beverly Hospital W,Th M-Th 8:30-6:30 F 8:30-5:00 Mailing Address: Lynn Community Health Ctr. P.O. Box 526 Lynn, MA 01901 PHONE: (617) 922-2110	b) Gloucester Child Dev. (617) 281-4540 M-T 9-5 c) North Shore Comm. H.C. Peabody Th & S 9-5 (617) 532-1343 d) Cable Hospital Ipswich F e) Holten-Richmond School Danvers F 9-5	Cindy Neels - Sr. Nutr/Director (a) Leah Frost Nutritionist (a) Linda Scollin-Sullivan - Nutritionist (a)
12. Haverhill WIC Program Community Action Inc.	a) 25 Locust Street Haverhill, MA 01830 M-F 9-4:30 PHONE: (617) 373-1971	b) Newburyport 2nd T (617)465-5304 c) Amesbury M-F 8:30-4:30	Linda Cecchetti - Program Director (a) Russell Clift - Sr. Nutritionist (c) Rosalie Wilkins - Nutritionist (a,c)
13. Lawrence WIC Program Greater Lawrence Community Action Council	a) 350 Essex Street Lawrence, MA 01840 M-F 9-5 PHONE: (617) 686-4620		Evelyn Kocher-Ahern - Nutr/Director (a) Grace Green - Sr. Nutritionist (a) Donna Levitt - Nutritionist (a)
14. Lowell WIC Program Community Teamwork	a) 167 Dutton Street Lowell, MA 01852 M,W,F 9-1 2-5 T,Th 9-1 2-6 PHONE: (617) 459-0551 Boston tie-in: 729-4517	b) Billerica Regional Health Center Tu 9-5 (617) 663-6666	Patricia Murphy - Director (a) Kate Finn - Sr. Nutritionist (a) Ellen Goldman - Nutritionist (a)
15. Lynn WIC Program Lynn Community Health Center	a) 86 Lafayette Park Lynn, MA 01902 M-Th 8:30-6:30 F 8:30-5:00 Mailing Address: Lynn Community Health Ctr. P.O. Box 526 Lynn, MA 01901 PHONE: (617) 581-3900	b) Point Neighborhood Community Services Center - Salem (617) 744-2626 T&W	Mio Georges - Program Director (a) Cindy Neels - Sr. Nutritionist (a) Anne Tomchik - Nutritionist (a) Judy Maliskas - Nutritionist (a)
16. Malden/Revere WIC Program Malden Hospital	a) Malden Hospital Room 406 Hospital Road Malden, MA 02148 M-F 8:30-4:30 PHONE: (617) 322-7560 x 5483	b) Revere Board of Health M, W, F (617) 289-9448 c) Wakefield YMCA 2nd & 4th T 9-12	Debra Yeskay - Nutr/Director (a,c) Ruth Kwiecinski - Sr. Nutritionist (a,b)

SOUTHEAST REGION

PROGRAM	ADDRESS/TELEPHONE	SITES	STAFF
17. Brockton WIC Program Brockton Area Multi-Services, Inc.	a) 33 Adams Street Brockton, MA 02402 M-F 8-4 PHONE: (617) 588-8241	b) Sons of Italy Hall Rockland, M&Th 1st & 2nd week of month	Erica Krull- Nutr/Director (a) Lisa Karling - Sr. Nutritionist (a) Janet Rosenberg - Nutritionist (a)
18. Cape Cod WIC Program Health Care of Southeastern MA, Inc.	a) 1 Elm Street Hyannis, MA 02601 M-F 8:30-4:30 PHONE: (617) 771-7896	b) Island Elderly Housing Community Building (Martha's Vineyard) 1st T (617) 693-5880 c) Gus County Rec. Center Falmouth M-W 540-6295 d) Provincetown Hlth Assoc. 10-2:30 1st F (617) 487-9395 e) Nantucket (617) 228-9189 2nd F	Joanne Taupier - Program Director (a) Candida Bowe - Sr. Nutritionist (a) Terece Horton - Nutritionist (b,c,d,e)
19. Fall River WIC Program Fall River Community Development Service Center, Inc.	a) 102 County Street Fall River, MA 02723 M-F 9-12 1-5 PHONE: (617) 679-8111		Colleen Kenyon - Program Director (a) Carol Weber- Sr. Nutritionist (a) Laurie Hammontree - Nutritionist (a) Mary Medeiros - Nutritionist (a)
20. New Bedford WIC Program New Bedford Community Health Center	a) 95 Cedar Street New Bedford, MA 02740 M-F 8:30-4:30 PHONE: (617) 997-1500	b) N. End Community Center Coggeshall Street 2nd W&Th	Margo Finnell - Nutr./Director (a) Pamela Kavanaugh - Sr. Nutritionist (a) Louise Johnson - Nutritionist (a) Polly Eldridge - Nutritionist (a)
21. Plymouth WIC Program Health Care of Southeastern MA, Inc.	a) South Shore Family Planning 15 Main Street Extension Plymouth, MA 02360 M-Th 8-4 F 8-1 PHONE: (617) 747-4933	b) Middleboro Police Sta. 1st & 2nd M, 9-3 c) Wareham Town Hall 1st W&Th (617) 295-0056 d) Marshfield Public Library 3rd M; 10-5	Jane Becker - Nutr/Director (a) Margaret Soussloff - Sr. Nutritionist Cindy Zembo - Nutritionist (a)
22. Taunton WIC Program Citizens for Citizens, Inc.	a) 19 Spring Street Taunton, MA 02780 M-F 9-12 1-4:30 PHONE: (617) 823-6346	b) Attleboro City Hall M-Th (617) 222-9613 x490	Karen Swass - Program Director (a) Bette Ottaviano - Sr. Nutritionist (a) Nancy Hunt - Nutritionist (b)

BOSTON AREA

PROGRAM	ADDRESS/TELEPHONE	SITES	STAFF
23. Allston/Brighton WIC Program St. Elizabeth's Hospital	a) 736 Cambridge Street Brighton, MA 02135 M,T,Th,F 9-12 1-5 W 1-6 PHONE: (617) 789-2439	b) Watertown Health Center Th 9-12 (617)923-0001 c) Newton Community Svcs. 1st T 1-6	Robin Barth - Program Director Ivy Fossum - Sr. Nutritionist Diane Pace - Nutritionist (a,b
24. Cambridge WIC Program The Cambridge Hospital	a) Windsor Clinic 105 Windsor Street Cambridge MA 02139 M-F 8:30-4:30 PHONE: (617) 498-1091	b) Rindge Shelter N. Cambridge M,T,W 9-12 & 1-4 (617) 661-4084 c) Waltham Hospital W 9-4, F 9-11:45 (617) 647-6508	Monique Legros - Nutr/Director (a) Judy Hause - Sr. Nutritionist (Carolyn Pano - Nutritionist (a,b) Kathy Gawlik - Nutritionist (c)
25. Charlestown/Chelsea WIC Program MGH Health Care Centers	a) Chelsea Memorial Health Care Center 100 Bellingham Street Chelsea, MA 02150 M-F 8:30-12 1-5 PHONE: (617) 884-8300 x 340	b) Bunker Hill Health Center M-F Charlestown (617) 242-5740 c) Revere Health Assoc. Th (617) 284-0064	Janet Yost - Nutr/Director (a) Pat Mahoney - Nutr. Asst./Coord. Maryellen Manning - Sr. Nutritionist (b Liz Patillo - Nutritionist (a,b) Marianne Heffrin Nutritionist (a)
26. Dorchester/Roxbury WIC Program Harvard Street Neighborhood Health Center	a) 895 Blue Hill Avenue George Robert White Bldg. Dorchester, MA 02124 M-F 8:30-4:30 PHONE: (617) 825-3400 x 215	b) Roxbury Comprehensive Community H. C. M-F 9-5 (617) 442-7400	Crystal Palmer - Nutr/Director (a) Ellen Davis - Sr. Nutritionist (a Tair Pyng Heh - Nutritionist (b) Karen Miller - Nutritionist (b)
27. Framingham WIC Program South Middlesex Opportunity Council	a) 21 Deloss Street Framingham, MA 01701 M-Th 8:30-5:00 F 8:30-4:30 PHONE: (617) 620-1445,46	b) Marlborough Hospital M 1- 4 c) Framingham Hospital Th & F 9-12 d) Leonard Morse Hospital-Natick W 9-12 e) Maynard Board of Health T 1:30 - 4:30	Allan Benjamin - Program Director (a Pam Evans - Nutritionist (a,e) Heidi Weiss - Nutritionist (a-e)
28. Jamaica Plain WIC Program Brigham & Women's Hospital	a) 3297 Washington Street Jamaica Plain, MA 02130 M-F 8:30-12 1-5 PHONE: (617) 522-4700 x 227, 228	b) Southern Jamaica Plain Health Center F (617) 225-9000 c) Martha Eliot H.C. M-F (617) 522-5300 M-F 9-12:30 11:30-5	Amy Brown-Soto - Nutr/Director (a) Myrta Montejo - Nutr. Asst./Coord.(Susan Wolfe - Sr. Nutritionist (c Mary Silva - Nutritionist (a) Jeannine Balbiers - Nutritionist (c) Kace Wilson - Nutritionist (a)

BOSTON AREA (cont.)

PROGRAM	ADDRESS/TELEPHONE	SITES	STAFF
29. Quincy WIC Program Quincy City Hospital	a) 114 Whitwell Street Quincy, MA 02169 M-F 8-4:15 PHONE: (617) 770-4242 daily 773-6100 x447 M,W,F	b) Hull Medical Center 1x/mo on W c) Dedham Town Hall 2x/mo d) Weymouth Youth Office 2x/mo	Suzanne Allen - Nutr/Director (a-d) Sandra Songin - Sr. Nutritionist (a-d) Cathy Wood - Nutritionist (a-d)
30. Roxbury WIC Program Whittier Street Health Center	a) 20 Whittier Street Roxbury, MA 02120 M,W 9-12:30 2-6:30 T,Th 9-12:30 2-5 F 9-12:300 PHONE: (617) 427-1000 x33, x51, x52	b) Parker Hill/Fenway (617) 442-0400 M-F	Jacqueline Tate - Nutr/Director (a) Maria Cancel - Sr. Nutritionist (b) Dorothy McCormick - Nutritionist (b)
31. Somerville/Medford WIC Program Somerville Hospital	a) Somerville Hospital 230 Highland Avenue Somerville, MA 02143 M,W,F 9-12 1-5 T,Th 9-6:45 PHONE: (617) 666-4400 x140 b) Mystic Health Center (617) 623-8686 T & Th	c) Lawrence Memorial Comm. Health Office - Medford (617) 391-2753 M-W d) Choate Hospital M & Th Woburn (617) 938-8790 e) Wilmington Health Ctr. (617) 657-3910 F f) Internal Medicine of Union Square (617) 628-2162 W	Regina Cantella - Nutr/Director (a,f) Nancy Kerr - Sr. Nutritionist (a) Mary Franz - Nutritionist (a,c) Hillary Wright - Nutritionist (a,b) Carol Breed - Nutritionist (a,d,e)
32. South Boston WIC Program South Boston Community Health Center	a) 133 Dorchester Street South Boston, MA 02127 M,T,Th,F 9-12:30 1:30-5 W 9-12:30 1:30-9 PHONE: (617) 269-7500	b) Mary Ellen McCormack H.C. M-Th 9-5 (617) 288-1140 c) Multi-Service Center D-Street Project Th 9 - 4	Anne Greene - Program Director (a) Stella Seeley - Sr. Nutritionist (a) Deborah Krauter - Nutritionist (a)
33. South Dorchester/ Roslindale WIC Program Neponset Health Center	a) Neponset Health Center 398 Neponset Avenue Dorchester, MA 02122 M-F 8:30-12 1:30-5 PHONE: (617) 265-0982	b) Mattapan Health Center M-F 9-5 (617) 296-0061 c) Roslindale Health Ctr. M - F 323-4649	Eugena D. Bodenios - Nutr/Director (a) Irene Van Rompey - Sr. Nutritionist (a-c) Barbara Curlee - Nutritionist (a-c)
34. South End WIC Program South End Community Health Center	a) 385 Shawmut Avenue Boston, MA 02118 M-F 9-12 1-5 Mailing Address: South End Community H.C. 400 Shawmut Avenue Boston, MA 02118 PHONE: (617) 266-7492	b) South Cove Community Health Center (617) 482-7555 M-F c) Dimock Health Center (617) 442-8800 M & Th, 9-5	Rhonda Dickson - Program Director (a) Joanna Douglas - Sr. Nutritionist (a) Maggie Ma - Nutritionist (b)
35. Upham's Corner WIC Program Upham's Corner Health Center	a) 547 Columbia Road Dorchester, MA 02125 M-F 8-12 1-5 Mailing Address: 500 Columbia Road Dorchester, MA 02125 PHONE: (617) 825-8994	b) Little House H.C. T 282-3700 c) Columbia Point H.C. d) Bowdoin Street H.C. e) Codman Square H.C. W 825-9883 f) Dorchester House H.C. Th 288-3230	Joyce Kidd - Program Director (a) Marcia Smith - Sr. Nutritionist (a) Soraya Bryant - Nutritionist (a) Barbara Smith - Nutritionist (a)

MASSACHUSETTS WIC PROGRAM

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* Numbers correspond to those found on the WIC Local Program List.

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MASSACHUSETTS WIC PROGRAM
FY 86

CATCHMENT AREA LISTING

ALLSTON/BRIGHTON WIC - Brighton

Allston (Boston)
Brighton (Boston)
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Needham
Newton
Watertown
Wellesley
Weston

ATHOL WIC - Athol

Ashburnham
Athol
Barre
Gardner
Hardwick
Hubbardston
New Braintree
Oakham
Petersham
Phillipston
Princeton
Royalston
Rutland
Templeton
Westminster
Winchendon

BERKSHIRE WIC - Pittsfield

Adams
Alford
Becket
Cheshire
Clarksburg
Dalton
Egremont
Florida
Great Barrington
Hancock
Hinsdale
Lanesborough
Lee
Lenox
Monterey
Mt. Washington
New Ashford
New Marlborough
North Adams
Otis
Peru
Pittsfield
Richmond
Sandisfield
Savoy
Sheffield
Stockbridge
Tyringham
Washington
West Stockbridge
Williamstown
Windsor

BEVERLY/GLOUCESTER WIC - Beverly

Beverly
Danvers
Essex
Gloucester
Hamilton
Ipswich
Manchester
Middleton
Peabody
Rockport
Topsfield
Wenham

BROCKTON WIC - Brockton

Abington
Bridgewater
Brockton
East Bridgewater
Easton
Rockland
West Bridgewater
Whitman

CAMBRIDGE WIC - Cambridge

Arlington
Belmont
Cambridge
Concord
Lexington
Lincoln
Waltham

CAPE COD WIC - Hyannis

Barnstable
Bourne
Brewster
Chatham
Chilmark
Dennis
Eastham
Edgartown
Falmouth
Gay Head
Gosnold
Harwich
Mashpee
Nantucket
Oak Bluffs
Orleans
Provincetown
Sandwich
Tisbury
Truro
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CHARLESTOWN/CHELSEA WIC - Charlestown

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CHICOPEE/HOLYOKE WIC - Chicopee

Chicopee
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DORCHESTER/ROXBURY WIC - Roxbury

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FALL RIVER WIC - Fall River

Fall River
Freetown
Somerset
Swansea
Westport

FRAMINGHAM WIC - Framingham

Ashland
Framingham
Holliston
Hopkinton
Hudson
Marlborough
Maynard
Natick
Northborough
Sherborn
Southborough
Sudbury
Wayland
Westborough

FRANKLIN COUNTY WIC - Greenfield

Ashfield
Bernardston
Buckland
Charlemont
Colrain
Conway
Deerfield
Erving
Gill
Greenfield
Hawley
Heath
Leverett
Leyden
Monroe
Montague
New Salem
Northfield
Orange
Rowe
Shelburne
Shutesbury
Sunderland
Warwick
Wendell
Whately

HAMPSHIRE COUNTY WIC - Easthampton

Amherst
Chesterfield
Cummington
Easthampton
Goshen
Granby
Hadley
Hatfield
Huntington
Middlefield
Northampton
Pelham
Plainfield
Southampton
South Hadley
Westhampton
Williamsburg
Worthington

HAVERHILL WIC- Haverhill

Amesbury
Boxford
Georgetown
Groveland
Haverhill
Merrimac
Newbury
Newburyport
Rowley
Salisbury
West Newbury

HOLYOKE/WESTFIELD WIC - Holyoke

Agawam
Blandford
Chester
Granville
Holyoke
Montgomery
Russell
Southwick
Tolland
Westfield
West Springfield

CATCHMENT AREA LISTING, p. 2

JAMAICA PLAIN WIC - Jamaica Plain

Jamaica Plain (Boston)
Roslindale (Boston)
Roxbury (Boston)

LAWRENCE WIC - Lawrence

Andover
Lawrence
Methuen
North Andover

LOWELL WIC - Lowell

Bedford
Billerica
Carlisle
Chelmsford
Dracut
Dunstable
Lowell
Tewskbury
Tyngsborough
Westford

LYNN WIC - Lynn

Lynn
Lynnfield
Marblehead
Nahant
Salem
Swampscott

MALDEN/REVERE WIC - Malden

Everett
Malden
Medford
Melrose
Revere
Saugus
Wakefield
Winthrop

NEW BEDFORD WIC - New Bedford

Acushnet
Dartmouth
Fairhaven
Marion
Mattapoisett
New Bedford
Rochester

NORTH CENTRAL WIC - Fitchburg

Acton
Ashby
Ayer
Berlin
Bolton
Boxborough
Clinton
Fitchburg
Groton
Harvard
Lancaster
Leominster
Littleton
Lunenberg
Pepperell
Shirley
Sterling
Stow
Townsend

PLYMOUTH WIC - Plymouth

Carver
Duxbury
Halifax
Hanover
Hanson
Kingston
Marshfield
Middleborough
Pembroke
Plymouth
Plympton
Wareham

QUINCY WIC - Quincy

Avon
Braintree
Canton
Cohasset
Dedham
Hingham
Holbrook
Hull
Milton
Norwell
Norwood
Quincy
Randolph
Scituate
Sharon
Stoughton
Walpole
Westwood
Weymouth

ROXBURY WIC - Roxbury

Roxbury (Boston)

SOMERVILLE/MEDFORD WIC - Somerville

Burlington
Medford
North Reading
Reading
Somerville
Stoneham
Wilmington
Winchester
Woburn

SOUTH BOSTON WIC - South Boston

Savin Hill (Boston)
South Boston (Boston)

SOUTH CENTRAL WIC - Southbridge

Belchertown
Bellingham
Blackstone
Brimfield
Brookfield
Charlton
Douglas
Dudley
East Brookfield
Franklin
Holland
Hopedale
Medfield
Medway
Mendon
Milford
Millis
Millville
Monson
Norfolk
North Brookfield
Northbridge
Oxford
Palmer
Southbridge
Spencer
Sturbridge
Sutton
Upton
Uxbridge
Wales
Ware
Warren
Webster
West Brookfield

SOUTH DORCHESTER/ROSLINDALE WIC - Neponset

Hyde Park (Boston)
Mattapan (Boston)
Neponset (Boston)
Roslindale (Boston)
West Roxbury (Boston)

SOUTH END WIC - South End

Allston (Boston)
Brighton (Boston)
Central Boston (Boston)
Roxbury (Boston)
South Cove (Boston)
South End (Boston)

SPRINGFIELD WIC - Springfiel

East Longmeadow
Hampden
Longmeadow
Springfield
Wilbraham

TAUNTON WIC - Taunton

Attleboro
Berkley
Dighton
Foxborough
Lakeville
Mansfield
North Attleborough
Norton
Plainville
Raynham
Rehoboth
Seekonk
Taunton
Wrentham

UPHAM'S CORNER WIC - Dorchester

Dorchester (Boston)

WORCESTER WIC - Worcester

Auburn
Boylston
Grafton
Holden
Leicester
Millbury
Paxton
Shrewsbury
West Boylston
Worcester

THE REQUEST FOR PROPOSAL PROCESS

IN THE REQUEST FOR PROPOSAL (RFP) PROCESS THE DEPARTMENT OF PUBLIC HEALTH SEEKS APPLICATIONS FROM LOCAL AGENCIES TO PROVIDE THE SERVICES AND SYSTEMS COMPONENTS NECESSARY TO RUNNING A WIC PROGRAM.

Every three years the Department of Public Health, through the State WIC Office, publishes an open, competitive request for proposals (RFP) from public or private non-profit health agencies, from hospitals or from human service agencies that have a commitment to and an expertise in providing service to WIC target populations.

The State WIC Office requests that local agencies demonstrate their ability to provide direct service to eligible WIC participants. Local agencies must be able to provide for outreach, certification, nutrition education and security and accountability in the provision of WIC vouchers.

Those agencies selected are given a contract to provide WIC services.

In the years between the RFP's, local agencies submit a proposal narrative which outlines the manner in which the agency will administer the program. The parameters are outlined in the guidance developed by the State WIC Office each year.

The WIC Need Assessment is used to allocate statewide caseload. (See Section 3, Part III.F.)

LOCAL AGENCY SELECTION

FUNDS FOR RUNNING A WIC PROGRAM ARE DISTRIBUTED THROUGH AN OPEN, COMPETITIVE SELECTION PROCESS.

FUNDS ARE TARGETED TO AREAS OF EXISTING HIGH NEED, TO AREAS OF HIGH RISK, AND TO AREAS WHERE CURRENT SERVICES ARE INADEQUATE.

Federal Regulations governing the WIC Program state that the State WIC Office must select local agencies for running the WIC Program according to a priority system. The priorities listed are:

1. A public or private nonprofit health agency which will provide pediatric and obstetrical care.

2. A public or private nonprofit health or human service agency which must enter into a written agreement with another such agency for either obstetric or pediatric care.

3. A public or private nonprofit health agency which must enter into a written agreement with private physicians, licensed by the State, in order to provide pediatric and obstetrical care.

4. A public or private nonprofit human service agency which must enter into a written agreement with private physicians, licensed by the State, to provide health services.

5. A public or private non-profit health or human service agency which refers participants to health providers for obstetric and pediatric care.

In selecting local agencies to host local WIC programs, the State WIC Office also looks for:

1. Local agencies that demonstrate an in-depth knowledge of the local community.

   The State WIC Office views the local agency as an expert in the field. The local agency must be able to demonstrate knowledge of the people who live in the agency's catchment area. The local agency should be familiar with the social service and health service network in the community, and with the needs of high risk populations in the area.

2. Local agencies that understand the philosophical context and expectations of the State WIC Office

   The local agency must understand the historical development of the WIC Program and the rationale for its design. The local agency must understand that the mandate of the program is serving the WIC participants.

3. Local agencies that understand the operational issues of administering a local WIC program

   The local agency must understand that the various components of the WIC Program function as a separate part, but at the same time are integrated into a single program by effective management.

   The local agency must understand the need for a secure voucher system and the liability incurred for vouchers on hand.

4. Local agencies that have the organizational structure and resources to run a local WIC program

   The local agency must show evidence of a well-established financial management system which can handle cash flow and reporting requirements. The local agency must clearly define the roles and respnsibilities of the local agency staff, as well as the relationship of the local WIC program staff to the local agency. The local agency must be willing to provide professional, supportive supervisory staff who regularly interact with the WIC Program staff.

LOCAL AGENCY HEARINGS

A LOCAL AGENCY HAS THE RIGHT TO APPEAL A DECISION BY THE STATE WIC PROGRAM THAT AFFECTS THAT AGENCY'S PARTICIPATION IN THE WIC PROGRAM

Rejection of Application for a WIC Contract

If a local agency wishes to appeal the rejection of its application for running a WIC program, the agency may request a hearing.

The Department of Public Health must receive the agency's request for a hearing within 30 days of the agency's receipt of its denial notification.

Termination of a WIC Contract

A local agency may be terminated from participating in the WIC Program for not complying with WIC regulations and/or other provisions of the WIC contract.

The local agency will receive a written notification from the State Office informing them of the termination, the cause(s), and the effective date of the termination, not less than 60 days prior to the effective date of the termination.

If a local agency wishes to appeal the termination of their WIC contract with the Department of Public Health, the agency may request a hearing. The agency's request for a hearing must be received within 30 days of the agency's receipt of the termination notice.

Expiration of a WIC Contract

The expiration of a local agency's WIC contract is not subject to appeal.

Scheduling a Fair Hearing

The Department of Public Health must receive a request for a hearing within 30 days of the agency's receipt of its denial or termination notification.

The Division of Hearing Officers within the State's Executive Office of Administration and Finance appoints an impartial hearing officer. The hearing officer schedules the hearing, and notifies the local agency and the State WIC Office. The Hearing Officer conducts the hearing according to the State's "Adjudicatory Rules of Practice".

The hearing officer sends a written decision to the local agency and to the State WIC Office within 60 days of the receipt by the Department of Public Health of the local agency's original hearing request.

Rescheduling a Fair Hearing

If the local agency is unable to appear at the fair hearing on the date scheduled by the hearing officer and the local agency notifies the State WIC Office in advance, the agency may have one opportunity to reschedule the hearing.

LOCAL PROGRAM RELATIONSHIP WITH LOCAL AGENCY

THE LOCAL WIC PROGRAM IS AN ADMINISTRATIVE UNIT WITHIN THE LOCAL AGENCY.

THE STATE WIC OFFICE DOES NOT ADMINISTER THE LOCAL WIC PROGRAM.

The local WIC program is run by the local agency who hires the WIC staff and provides ongoing administrative support. The local agency and the local program receive ongoing guidance, technical assistance and training from the State WIC Office.

The standards for quality in a local WIC program are based on statewide standards developed by the State WIC Office. These insure that all Massachusetts WIC participants receive comparable, consistent, and high quality care regardless of their residence.

The local agency designates an administrative person responsible for the WIC program. Generally this person is the direct supervisor of the local WIC program director. S/he works with the WIC director to integrate the WIC program into local agency operations.

LOCAL PROGRAM RELATIONSHIP TO ITS COMMUNITY

LOCAL WIC PROGRAMS SHOULD MAKE EVERY EFFORT TO BECOME AN INTRINSIC PART OF THE COMMUNITY THEY SERVE.

A strong working relationship between the local WIC program and the community it serves is essential.

To Establish Community Relationships

- Identify and provide services to its WIC eligible population.
- Create network systems with other existing agencies for strengthening referral/outreach efforts.
- Participate in major community meetings, health fairs, community events, etc.
- Provide the community with notices about WIC eligibility and availability.
- Establish strong relationships with health providers in the community.

MEETING THE NEEDS OF HIGH RISK POPULATIONS

LOCAL WIC PROGRAMS ARE RESPONSIBLE FOR IDENTIFYING AND PROVIDING SERVICE TO THE HIGH RISK POPULATIONS IN THEIR CATCHMENT AREA.

Identifying Your High-Risk Populations

Local WIC Programs are responsible for effectively assessing who their high risk population is, where this population is located in their catchment area, and how they can be targeted through WIC referral/outreach efforts.

The following data can be used to determine high risk groups in your catchment area:

- 1980 Census
- Local demographic statistics (e.g. City Hall, local health centers or hospitals)
- School Board
- Regional Health System Agencies
- Department of Public Health

Establishing Referral/Outreach Systems

Local WIC Programs must be able to shift priorities in their referral/outreach network in order to provide services to this high risk population. This can be accomplished by:

- Collaborating with other health agencies providing services to high risk population in the area.
- Establishing ongoing communication with other community agencies providing services to specific high risk groups such as refugees, pregnant teenagers, the unemployed, the homeless, etc.

MEETING THE SPECIAL NEEDS OF NATIVE AMERICANS AND MIGRANTS

YOU ARE RESPONSIBLE FOR MAKING A SPECIAL EFFORT TO SERVE NATIVE AMERICANS AND MIGRANTS IN YOUR CATCHMENT AREA

You should be in contact with the organizations in your communities that provide services to the migrant agricultural workers and the Native American population.

Use organizations such as the Indian Council or the farmworkers' organizations as sources of referrals for your program.

Make sure that these organizations have information about the WIC Program and understand the eligibility requirements.

Members of migrant farmworker households who soon plan to leave your local program must be notified of their eligibility or ineligibility within 10 days of the date of the first inquiry. You should complete a transfer form if the participant is moving to another program in Massachusetts. This form may also serve as verification of certification if the participant is moving out of state. In this way, their benefits are not disrupted.

You may receive an inquiry from a migrant participant who is using a VOC (verification of certification) card. (Massachusetts WIC does not issue VOC cards.) You must accept these cards as proof of eligibility, as long as the certification period has not expired. When the certification period expires, recertify the participant using the income determination from the previous certification, which is current for 12 months.

REMEMBER: a person does not have to have a permanent address to be eligible for the WIC Program.

CIVIL RIGHTS

THE WIC PROGRAM IS AN EQUAL OPPORTUNITY PROGRAM. WIC BENEFITS MUST BE PROVIDED TO PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR HANDICAP.

Local WIC Programs are responsible for ensuring that their programs do not discriminate against applicants or participants because of their race, color, national origin, age, sex, or handicap. The following is a checklist which local programs may use to determine whether participants are being treated in a non-discriminatory manner:

1) the USDA non-discrimination clause must be included on all printed materials distributed by the local program to applicants and participants, including pamphlets, forms, newsletters, etc.

2) the poster "...And Justice for All" should be prominently displayed at all WIC sites.

3) applicants should be served according to WIC Program regulations on a first-come, first-served basis. Programs should determine if the system used by their local agency is adversely affecting minority participation.

4) the Affidavit of Rights and Responsibilities form should be provided/read to participants in their native language.

5) local programs should make reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.

6) local programs should extend outreach efforts to include minority groups.

7) all participants must be coded by racial/ethnic groups as required by Federal regulation, and this information must be kept on file for 3 1/2 years. (Local Massachusetts WIC Programs collect this data by computer input.)

8) each local program's participation should reflect the ethnic/racial composition of their catchment area.

9) the ethnic/racial composition of the local program staff should reflect the ethnic/racial composition of the area.

10) after receiving civil rights training from the State WIC office, local programs should then provide training for their staff.

11) local WIC programs should inform applicants and participants of their right to file a civil rights complaint. Complaints of discrimination should be referred to the Director, Civil Rights Division, Food and Nutrition Service, USDA, Alexandria, VA 22302, with a copy to the State WIC Office.

BARRIERS TO SERVICE

A LOCAL PROGRAM MUST IDENTIFY BARRIERS ENCOUNTERED BY THEIR COMMUNITY WHICH COULD INTERFERE WITH ACCESSIBILITY TO THE WIC PROGRAM, AND DEVELOP CREATIVE SOLUTIONS TO EFFECTIVELY ALLEVIATE THEM.

The chart below outlines some barriers to service and possible solutions.

POTENTIAL BARRIERS	OPTIONS FOR SOLUTIONS:
Inadequate access for physically or visually impaired persons	• home visits • use of telephone • proxies • volunteer arrangements with other community groups offering services to this population
Language difficulties	• use of translated materials • use of interpreters • bilingual/bicultural staff • networking with community groups offering services to ethnic populations
Transportation problems	• use of transportation services other than standard public transportation which may be underutilized and willing to provide assistance, such as elderly and handicapped transportation services. • variations in site locations. See Part III, Section C, SITES.

OUTREACH

OUTREACH IS THE WAY IN WHICH YOU EDUCATE YOUR COMMUNITY ABOUT THE WIC PROGRAM.

TARGET YOUR OUTREACH EFFORTS TO IDENTIFY HIGH RISK WOMEN, INFANTS, AND CHILDREN WHO MIGHT BE ELIGIBLE FOR THE WIC PROGRAM.

Effective outreach into your catchment area is your way of being sure that as many people as possible know about the WIC Program and the kinds of services that the WIC Program offers.

State-produced promotional materials are available.

There is no one single way to conduct outreach into your community. Use your knowledge of the area to determine the most effective means of reaching as many people as possible. Some possibilities:

- Send a copy of WIC materials, information pamphlets, and medical referral forms to a variety of agencies throughout your catchment area.
- Invite representatives from different agencies and services to a WIC "open house" where you give a presentation on the WIC Program and the eligibility requirements. Use the state-produced slide show to orient referrents to WIC eligibility and benefits.
- Send regular letters or newsletters to relevant agencies throughout your catchment area, providing updates on the status of your local WIC program.
- Follow any written correspondence with a phone call or a visit, making personal contact with key people working for other agencies, services or programs.

Use a variety of resources and services for outreach into your community:

-- Community health care providers
-- Hospitals, Health Maintenance Organizations
-- Private physicians, nurse practitioners, nurse midwives
-- Women's health care organizations, family planning clinics
-- Social service agencies targetting women, infants, or children
-- Public Housing Authorities, Head Start, Medicaid
-- Employment agencies, unemployment offices, social security offices
-- Food Stamp offices, welfare (A.F.D.C.) offices
-- Food banks, community soup kitchens, emergency shelters
-- Schools, adult education centers, day care centers
-- Community religious organizations, churches, service organizations
-- Community centers, teen drop-in centers, teen clubs

WIC works!

WIC

Special Supplemental Food Program
for Women, Infants, and Children

**Massachusetts
Department
of Public Health
150 Tremont Street
Boston, MA 02111**

WIC EVALUATIONS

The WIC Program works. A recent evaluation of the WIC Program conducted in Massachusetts determined that participation in the WIC Program generally improves the outcome of a woman's pregnancy: the infant is less likely to be premature or to be born with a low birth weight. This same study showed that the longer a woman participates in WIC during her pregnancy, the more likely she is to benefit from the program.

Other studies have associated WIC participation with less incidence of anemia in children, and improved growth and nutritional status of infants and children.

FOR INFORMATION CALL: 1-800-WIC-1007

MICHAEL S. DUKAKIS GOVERNOR
Philip Johnston
Secretary, Executive Office of Human Services
Dalia Walker, Ph.D. Commissioner
Massachusetts Department of Public Health

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MASSACHUSETTS WIC PROGRAM

The WIC Program is a model for successful government assistance programs. Administered by the Massachusetts Department of Public Health, WIC maintains a precise definition of its target population and a stringent qualification process. The program also integrates its services with other programs to maximize its effectiveness.

WIC is the only government food assistance program that provides both food and nutrition education tailored to specific groups, such as pregnant women and young children.

Low and moderate income pregnant, postpartum (up to six months after delivery) and breastfeeding women (up to a year after delivery), infants and children under the age of five are eligible for WIC.

HISTORY

In the early 1970's, research as well as direct observation showed that many low and moderate income women and children were not getting essential nutrients during critical phases of growth, even if they were receiving food from existing government programs. This placed them at risk of health problems, including low birth weight, miscarriages, anemia and stunted growth. In response to this problem, WIC was legislated by Congress in 1972 to provide nutritious foods to women, infants and young children. Because WIC could not serve everyone who was financially eligible, the program was limited to those women and children whom health care providers found to be at nutritional risk. Finally, since participants would eventually not be covered by WIC, but would still have a lifelong need for sound nutritional habits, the program adopted an equal emphasis on nutrition education.

ENROLLMENT PROCESS

Unlike most government assistance programs, WIC serves many low and moderate income families. The eligibility formula involves a sliding scale based on gross household income. A woman who thinks she might qualify should begin the enrollment process by visiting her local WIC office or calling the toll free statewide hotline, 1-800 WIC 1007, to find out the program nearest her town. The Department of Public Health currently contracts with 35 local health and social service agencies to operate the WIC Program.

Infants and children who are within WIC income guidelines and are determined to be at nutritional risk are then certified for six months. Pregnant women are certified for the duration of their pregnancy, up until six weeks after delivery. To become eligible for a subsequent period a participant must still be at nutritional risk and be income eligible. WIC participants benefit from the repeat certification process by learning the importance of regular visits to their health care provider for monitoring potential health problems.

NUTRITION EDUCATION

Once participants are certified for WIC, the local program nutritionist provides them with nutritional counseling.

The nutritionist will discuss the participant's specific dietary needs, eating habits and use of WIC foods.

The WIC nutritionist will also discuss topics of special concern to mothers and expectant mothers, such as good prenatal diet, adequate weight gain in pregnancy, breastfeeding, iron-deficiency anemia, and helping young children eat better.

The goal of WIC's nutrition education component is to promote beneficial changes in eating, food preparation and shopping habits that will positively affect participants' health.

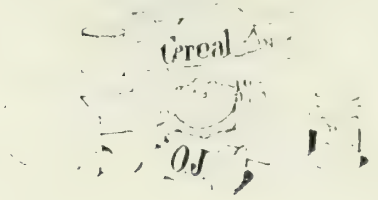
WIC FOOD VOUCHERS

The final step in the certification process is for the WIC nutritionist to prescribe a specific food package for the participant. The WIC foods include milk, cheese, eggs, 100% fruit juice, iron-fortified cereals, peanut butter, dried peas and beans, infant formula and infant cereal. These foods are chosen to provide the nutrients necessary for optimum growth for pregnant women and young children, yet, these nutrients are most commonly deficient in American diets - iron, calcium and vitamins A, C and D.

A participant receives 4-5 vouchers a month. Each voucher lists the specific foods prescribed and the amount provided for the month.

Once a participant has been certified, received nutritional counseling and had her WIC food package prescribed, she will receive vouchers each month at the WIC office. The monthly visits offer WIC yet another opportunity for informal counseling.

WIC vouchers can be used only at participating WIC stores. The participant takes the foods shown on the voucher to the cashier. The cashier rings up the WIC foods and enters the price on the voucher. The participant signs the voucher and gives it to the cashier. There is no exchange of money. The store is promptly reimbursed for the voucher when the manager deposits it in the store's bank.



SITES

YOU MUST BE ABLE TO PROVIDE REASONABLE ACCESS TO THE WIC PROGRAM FOR PEOPLE WHO LIVE IN YOUR CATCHMENT AREA

SITES MUST PROVIDE SERVICES TO ANY AND ALL PARTICIPANTS WHO WISH TO RECEIVE SERVICES THERE. RESTRICTION OF PARTICIPATION AT A SITE IS NOT ALLOWABLE.

LOCAL PROGRAMS MUST OBTAIN APPROVAL FROM THE STATE WIC OFFICE BEFORE OPENING SITES.

AT LEAST ONE SITE IN EACH LOCAL PROGRAM MUST BE WHEELCHAIR ACCESSIBLE.

It is your responsibility to provide adequate WIC Program coverage of your catchment area. Most programs need more than one program site for providing WIC services.

REASONABLE ACCESS

Sites must be accessible to all those interested in applying to your program. At least one site must be wheelchair accessible, and programs should annually evaluate their program sites with regard to handicap accessibility and requirements.

Program sites can take a variety of forms and serve a variety of functions:

- Some programs have WIC sites that they use only for voucher distribution
- Some programs have WIC sites that they use only for certification appointments
- Some programs have WIC sites that they use for all WIC services
- Some programs have more than one site in one city or town
- Some programs have sites in different towns
- Some programs have different sites that each have permanent WIC staff
- Some programs have the WIC staff travel to run different sites at different times

EVALUATING THE NEED FOR SITES

Your decision on whether to open a site depends upon:

- Determination of Need
  - o Your perceived participant need for alternative site locations
  - o Your access to your highest risk participants
  - o The adequacy of the space available at each site
  - o The adequacy of public transportation services to existing sites.
- Feasibility
  - o The type of agencies in your community that would be available to host a WIC site
  - o The support and cooperation of the host agency's administration
  - o The availablity of your WIC staff to administer multiple sites
  - o The availability of funds to cover the cost of running a site

EXTENDING EXISTING SITE SERVICES

If feasibility factors rule out the option of opening a new site, the option of extending hours and/or services of an existing site could resolve problems concerning space, staff, etc.

SITE APPROVAL

In order to obtain approval from the State WIC office to open a site:

1. Consider the factors outlined above.
2. Call the State WIC office to discuss the development of the site.
3. Initiate actions in the community to find an appropriate site location.
4. Obtain written approval from the State WIC office to open the site.

STAFF

LOCAL PROGRAMS ARE RESPONSIBLE FOR HIRING THEIR OWN STAFF. TECHNICAL ASSISTANCE IS PROVIDED BY THE STATE WIC OFFICE.

STAFFING PATTERNS

EACH LOCAL PROGRAM DESIGNS ITS OWN STAFFING PATTERN. DESIGN A STAFFING PATTERN THAT ENSURES THE HIGHEST QUALITY OF SERVICE TO YOUR WIC PARTICIPANTS.

EVERY LOCAL WIC PROGRAM MUST HAVE A "COMPETENT PROFESSIONAL AUTHORITY" TO PROVIDE NUTRITION SERVICES.

STAFFING PATTERNS MUST BE APPROVED BY THE STATE WIC OFFICE.

Since WIC combines nutrition services with food delivery services, your staff must be able to respond to both nutrition and administrative service needs.

You must have a "competent professional authority", a nutritionist, to provide leadership in nutrition services. You must also provide competent administrative personnel. If possible, you should have both nutrition and administrative staff who are fluent in the languages used by your participants.

If your program primarily serves rural areas, staff should be at the approximate ratio of 1 FTE staff person to 200-240 participants; if primarily serving urban areas, the ratio should be at 1 to 240-275.

Potential staffing patterns for a caseload of 2000 participants are:

1 FTE Program Director	1 FTE Nutritionist/Director
1 FTE Senior Nutritionist	1 FTE Senior Nutritionist
1 FTE Program Nutritionist	1 FTE Program Nutritionist
2 FTE Nutrition Assistants	1 FTE Nutrition Assistant
1 FTE Nutrition Aide	1.5 FTE Nutrition Aides
2 FTE Program Assistants	2.5 FTE Program Assistants

JOB DESCRIPTIONS AND FUNCTIONS

YOU MAY CHOOSE TO HIRE SOMEONE WITH LESS THAN THE STATED JOB QUALIFICATIONS IF THE CANDIDATE HAS DEMONSTRATED OUTSTANDING COMPETENCE IN THE ASSIGNED AREAS OF JOB RESPONSIBILITY.

IF YOU WISH TO HIRE SOMEONE WITH LESS THAN THE STATED JOB QUALIFICATIONS, YOU MUST RECEIVE APPROVAL FROM THE STATE WIC OFFICE.

NUTRITIONIST/DIRECTOR

Responsible for the overall management of the program, combining the administrative and nutrition components.

Responsibilities

1. Plans and evaluates program operations
2. Manages the fiscal and personnel components of the program
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring
4. Supervises delivery of nutrition services; assists in nutrition activities in conjunction with the Nutritionist
5. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the State WIC Office
6. Acts as liaison between the program and the community in conjunction with the Nutritionist

Qualifications

1. One year's experience in program delivery or administration, supervisory experience preferable
2. Bachelor's degree in Nutrition, Food and Nutrition, or Home Economics; Master's degree preferred, may be substituted for work experience; R.D. desirable
3. Demonstrated leadership and decision making capabilities
4. Sensitivity to the needs of the client population
5. Interest and expertise in maternal and child health
6. Ability to articulate program goals and policies to participants, health providers and community agencies
7. Ability to work well with management information systems

Recommended salary range: $14,500 - $17,500

PROGRAM DIRECTOR

Responsible for the overall management of the program.

Responsibilities

1. Plans and evaluates program operations
2. Manages the fiscal and personnel components of the program
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring
4. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the State WIC Office
5. Acts as liaison between the local WIC program and the community, in conjunction with the Nutritionist

Qualifications

1. One year's experience in program administration; supervisory experience preferable
2. Bachelor's degree; may substitute Master's degree in relevant field for work experience
3. Demonstrated leadership and decision-making capabilities
4. Sensitivity to the needs of the client population
5. Interest in nutrition and in maternal and child health
6. Ability to articulate program goals and policies to participants, health care providers and community agencies
7. Ability to work well with management information systems

Recommended salary range: $14,000 - $17,000

SENIOR NUTRITIONIST

Responsible for the administration of the clinical and health care aspects of the program.

Responsibilities

1. Supervises delivery of nutrition services including: certification, assessment, care plans and nutrition education
2. Develops nutrition policy for the local program based on State WIC guidelines and recommendations
3. Supervises nutrition staff and provides for nutrition staff training and in-services
4. Conducts quality assurance review of program records, group education, and individual counseling
5. Develops Nutrition Education Action Plan appropriate to participant needs, and conducts evaluation of nutrition activities
6. Develops linkage with health care providers and community agencies for outreach and referral
7. Provides nutrition assessment and certification, counseling, nutrition education and referrals for WIC participants
8. Assists in program administration as necessary

Qualifications

1. Master's degree in public health nutrition, nutrition, nutrition education, with one year of community nutrition experience OR Bachelor's degree with two years of community nutrition experience
2. Experience in program planning and administration
3. Leadership and decision-making skills
4. Excellent communication skills
5. At least 1 year experience in counseling
6. Sensitivity to the needs of the client population

Recommended salary range: $14,000 - $17,000

PROGRAM NUTRITIONIST

Responsibilities

1. Performs nutrition assessment and certification, counseling, nutrition education and referrals for WIC applicants and participants.
2. Assists in developing educational materials and planning educational activities for participants.
3. Coordinates collection of anthropometric and hematological data.
4. Assists in training paraprofessional WIC staff, agency staff and health care providers.
5. Participates in quality assurance activities.

Qualifications

1. Bachelor's degree in public health nutrition, nutrition, food and nutrition, or home economics; Master's degree preferred; may be substituted for work experience
2. One year's experience in clinical or commmunity nutrition
3. Demonstrated leadership and decision-making capabilities
4. Good communications skills
5. Sensitivity to the needs of the client population

Recommended salary: $14,000 - $17,000

NUTRITION ASSISTANT

Provides routine nutrition care to WIC participants under the supervision of the Nutritionist or Nutritionist/Director.

Responsibilities

1. Interviews participants, assesses nutritional status, prepares nutrition care plan, provides education materials and makes appropriate referrals.
2. Prepares certification records for signature of Nutritionist at initial certification and repeat certification.
3. Follows selected cases as determined by the Nutritionist.
4. Distributes vouchers, and assists in routine office work; participates in nutrition in-services and in policy-making staff meetings.
5. Assists in development of educational materials and may be responsble for demonstrations, audio-visual presentations or other educational activities with participants.
6. Performs hematological tests and takes anthropometric measurements on participants as needed

Qualifications

1. One year's experience in health care field
2. High school diploma or G.E.D.
3. Interest in nutrition or health care
4. Good communications skills
5. Sensitivity to the needs of the client population

Recommended salary range: $10,500 - $13,000

NUTRITION AIDE

Provides nutrition education to WIC participants under the supervision of the Nutritionist or Nutritionist/Director.

Responsibilities

1. Orients WIC applicants for enrollment in WIC
2. Checks and documents income eligibility
3. Collects basic information for nutrition assessment; may perform nutrition assessment and certification as designated by the Nutritionist or the Nutritionist/Director
4. Counsels participants with routine nutrition questions or problems at time of voucher pick-up or at other scheduled appointments
5. Assists Program Director in educating and monitoring WIC vendors
6. Performs hematological tests and takes anthropometric measurements on participants as needed
7. Distributes vouchers and performs routine office work

Qualifications

1. One year's successful work experience
2. High school diploma or G.E.D.
3. Interest in nutrition or health care
4. Good communications skills
5. Sensitivity to the needs of the client population

Recommended salary range: $9,500 - $11,500

PROGRAM ASSISTANT

Ensures that the voucher system operates smoothly, and maintains an appointment system for scheduling voucher pick-ups and repeat certifications under the supervision of the Program Director or Nutritionist/Director.

Responsibilities

1. Ensures the distribution of vouchers to participants on a monthly basis
2. Collects and submits information to the computer for the purpose of producing monthly vouchers and management information reports
3. Assures that all participants receiving vouchers are in compliance with program rules
4. Assists Program Director or Nutritionist/Director in educating and monitoring of WIC vendors
5. Operates an appointment system for scheduling voucher pick-up appointments and certifications
6. Performs anthropometric measurements and bloodtests for participants.

Qualifications

1. One year's general office experience; statistical or data processing work preferred
2. High school diploma or G.E.D.
3. Well-organized, systematic approach to work
4. Good communications skills
5. Sensitivity to the needs of the client population

Recommended salary range: $9,500 - $11,000

THE COMPETENT PROFESSIONAL AUTHORITY

THE COMPETENT PROFESSIONAL AUTHORITY IS RESPONSIBLE FOR DETERMINING NUTRITIONAL RISK, ASSIGNING FOOD PACKAGES, AND COUNSELING PARTICIPANTS.

In the Massachusetts WIC Program, nutritionists and state-trained and authorized paraprofessionals may perform the duties of the Competent Professional Authority (CPA).

A nutritionist who meets the qualifications outlined in Part III, Section D.2 is automatically considered a CPA. A nutrition paraprofessional must be authorized by the State WIC Office to assume the duties of the CPA.

To Authorize a Paraprofessional to become a CPA

1. The Senior Nutritionist must fill out a CPA Approval Form and send it to the State Office. This form is an evaluation of the paraprofessional's skills in the following areas:

   - o basic knowledge of nutrition
   - o anthropometric assessment
   - o biochemical assessment
   - o nutrition/dietary assessment
   - o counseling skills
   - o certification procedures

   CPA status is approved when paraprofessionals reach 100% competency in all areas listed above.

2. All paraprofessionals must participate in a state agency training before CPA approval is given.

3. After the State Office approves the request for authorization, a copy of the CPA Approval Form is returned to the local program. A copy must be kept on file at the local program.

4. Paraprofessionals should continue to receive ongoing training and supervision at the local agency.

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health
Division of Family Health Services
Special Supplemental Food Program for Women, Infants and Children (W I C)
150 Tremont Street, Boston 02111

Bailus Walker, Jr., Ph.D., M.P.H.
COMMISSIONER

COMPETENT PROFESSIONAL AUTHORITY (CPA) APPROVAL FORM

Area Code (617)

PROGRAM: _____

PARAPROFESSIONAL (NAME, TITLE): _____

SENIOR NUTRITIONIST (NAME): _____

(SIGNATURE): _____

(DATE): _____

A Competent Professional Authority on the staff of the local agency is responsible for determining nutritional risk, assigning food packages, and counseling of participants. In the Massachusetts WIC Program nutritionists, and state trained and authorized paraprofessionals may perform duties as Competent Professional Authorities.

The senior nutritionist will place a check in the area under "Meets Competency" if the paraprofessional can perform the tasks designated on the following pages. Areas that need improvement are to be listed under "Comments".

CPA status will only be approved by those reaching competency of 100% in all areas. All paraprofessionals must have participated in a state agency training before approval will be given.

Fill out and return to the state office for approval.

Receipt of this serves as approval for _____ to certify participants and sign records as a Competent Professional Authority.

STATE NUTRITIONIST: _____

DATE: _____

CONTINUED - COMPETENT PROFESSIONAL AUTHORITY (CPA) APPROVAL FORM Page 2.

	MEETS COMPETENCY	COMMENTS
Basic Nutrition Knowledge		
The WIC CPA will be able to:		
1. Name the four nutrients provided in WIC foods, their function and four food sources for each. (iron, calcium, vitamin C and protein.)		
2. Explain why a variety of foods are important for growth and health.		
Anthropometric Assessment - Infants and Children		
The WIC CPA will be able to:		
1. Demonstrate the recommended procedures for measuring an infant and child's weight and height.		
2. Plot the values for weight for age, height for age and weight for height on the appropriate growth charts for two infants and two children.		
3. Based on measurements, determine if the above infants and children can be certified for WIC using the Massachusetts WIC Program Nutritional Risk Criteria for certification.		
4. Explain the growth chart to a participant.*		
Anthropometric Assessment - Women		
The WIC CPA will be able to:		
1. Determine by using the pregravid weight from the Medical Referral form whether two pregnant women are overweight or underweight.		
2. Correctly plot the weight measurements of the above two women on a prenatal weight gain grid and determine if they have a adequate pattern of weight gain.		
3. Explain the weight gain grid to a participant.*		
Biochemical Assessment		
The WIC CPA will be able to:		
1. State the 3 hematological lab tests and standard levels for women, infants and children used in the WIC program for certification.		

(* Actual situation)

CONTINUED - COMPETENT PROFESSIONAL AUTHORITY (CPA) APPROVAL FORM Page 3.

	MEETS COMPETENCY	COMMENTS
2. Explain why we take blood values and what a value below the standard means.		
3. State the relationship between lead and iron in the body.		
Nutrition/Dietary Assessment		
The WIC CPA will be able to:		
1. Explain the purpose and the procedure of the Dietary Assessment.		
2. Complete a diet history using proper interviewing techniques including a 24 hour recall and food frequency for a pregnant woman, breastfeeding woman, infant and child.*		
3. Correctly record all information on the 24 hour recall form: time, place, amount and foods.		
4. Evaluate dietary intakes of a pregnant and post partum woman, infant and child for the following, accurately using the Massachusetts WIC Risk Criteria for Certification.		
a. Nutrition excesses or deficiencies.		
b. Appropriateness of intake for age, weight, activity and special needs (e.g. pregnancy, breastfeeding, allergies, etc.)		
5. List and explain two food habits of WIC participants that are beneficial and two that are harmful for women, infants and children.		
6. Develop a nutrition care plan for a pregnant and lactating woman, infant and child.		
Counseling Skills		
The WIC CPA will be able to:		
1. Explain why the following factors are important in counseling.		
a. Introduction of self and purpose of the interview.		
b. Listening.		
c. Using open-ended questions.		
d. Being non-judgemental.		
e. Using appropriate terminology.		
2. Demonstrate proper techniques (from #1) while counseling a a prenatal participant, caretaker of a child, and caretaker of an infant.		

(* Actual situation)

	MEETS COMPETENCY	COMMENTS
WIC Certification Process and Procedures		
The WIC CPA will be able to:		
1. List all information needed to be recorded in the participant's chart for the certification visit and each recertification for a woman, infant and child.		
2. Prioritize 10 Medical Referral forms for WIC participants given medical/nutritional risk according to the Massachusetts WIC Program Nutritional Risk Criteria for Certification.		
Training		
The WIC CPA has:		
1. Participated in state training _____ (Date).		
2. Participated in state inservices _____ (Most recent) (Date(s))		
3. Participated in local agency training and inservice _____ (Date(s)).		

(* Actual situation)

STAFF TRAINING

THE PURPOSE OF STAFF TRAINING IS TO ENABLE LOCAL PROGRAM STAFF TO PROVIDE HIGH-QUALITY SERVICES TO WIC PARTICIPANTS. THIS IS A SHARED STATE AND LOCAL RESPONSIBILITY.

WIC staff must acquire and maintain good, up-to-date knowledge and skills in order to serve WIC participants well. Each local program therefore has specific training responsibilities, which complement the State staff's role in training.

The State staff is responsible for:

- semi-annual new staff training
- orientation materials for local staff
- ongoing training through inservices for all local program staff
- providing information on training resources and methods

The local staff is responsible for:

- ensuring staff attendance at state training
- orientation of new staff
- assisting staff in integrating knowledge and skills from training into their daily work
- on-the-job training for all staff
- on-site supervision of all staff

PARTICIPATION

PARTICIPATION IS THE TOTAL NUMBER OF WOMEN, INFANTS AND CHILDREN WHO ARE ACTIVELY PARTICIPATING IN THE WIC PROGRAM AT ANY ONE TIME.

"ACTIVE PARTICIPATION" MEANS THAT A PERSON HAS BEEN CERTIFIED FOR WIC AND IS RECEIVING VOUCHERS.

The level of participation in the Massachusetts WIC program is determined by the amount of funds appropriated and the cost of running the program. A needs assessment determines the number of persons potentially eligible for the program and their distribution throughout the State. The State WIC Office projects a statewide participation figure each year based on an estimate of anticipated funds and an estimate of food and administrative costs for the coming fiscal year.

The State WIC Office assigns participation levels throughout the State according to the estimated need and the actual need which has presented at each local program. These levels may be adjusted during the year as funding changes or need changes.

INQUIRIES

AN INQUIRY ABOUT WIC IS A REQUEST FOR INFORMATION

A person may inquire about WIC either by phone or in person.

When a person inquires about WIC you should:

1. Explain the WIC Program
2. Explain the categories of eligible people
3. Explain the eligibility requirements
4. Describe your waiting list procedure (if you have a waiting list)

It is very helpful to informally screen the person for income eligibility to save her/him from applying if s/he is clearly above the income limits for participation.

APPLICATIONS

A PERSON APPLYING FOR WIC MUST PROVIDE THE FOLLOWING INFORMATION:

1. APPLICANT'S NAME
2. APPLICANT'S MAILING ADDRESS
3. APPLICANT'S TELEPHONE NUMBER
4. WIC STATUS (WOMAN--PREGNANT, NURSING, OR POSTPARTUM NON-NURSING, INFANT, OR CHILD)
5. DATE OF APPLICATION

AN APPLICANT MUST NOT INCUR EXPENSES TO APPLY FOR WIC, INCLUDING OBTAINING MEDICAL DATA OR RECEIVING A BLOODTEST.

YOU MUST GIVE AN APPLICANT EITHER A CERTIFICATION APPOINTMENT OR A WAITING LIST NOTIFICATION LETTER WITHIN 20 DAYS OF THE PERSON'S APPLICATION FOR WIC.

YOU MUST GIVE SPECIAL NUTRITIONAL RISK APPLICANTS (PRIORITY I PREGNANT WOMEN AND MIGRANT FARMWORKERS AND THEIR FAMILIES) EITHER A CERTIFICATION APPOINTMENT OR A WAITING LIST NOTIFICATION LETTER WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

SET UP YOUR APPLICATION PROCESS SO THAT APPLICANTS MUST COME IN TO THE WIC OFFICE ONLY ONCE IN ORDER TO DETERMINE THEIR ELIGIBILITY FOR THE WIC PROGRAM.

To collect the information that you need for an application, either:

- Use the Massachusetts WIC medical referral form

or

- Use the participant's medical record if you have access to it

Some programs design a separate application form to use along with the medical referral form to collect such information as an applicant's primary language.

IF YOU REQUIRE MEDICAL REFERRAL FORMS FOR YOUR APPLICANTS:

When an individual says that s/he would like to apply for WIC, give or mail the applicant the appropriate medical referral form, and

- Explain that you must have a completed medical referral form for review prior to giving a certification appointment or putting someone on the waiting list.

or

- you may choose to give a certification appointment at the time you give the applicant a medical referral form but you should make it clear that the applicant must bring the completed referral form to the appointment.

Make a policy for your program and be consistent for all applicants.

When you receive a completed medical referral form for the applicant:

- Contact the applicant to make a certification appointment.

or

- Put the applicant on your waiting list.

  1. Review the medical referral form and assign a priority
  2. Give the applicant a "WAITING LIST NOTIFICATION LETTER" by either:

     - Handing her/him the letter when s/he comes to apply

     or

     - Mailing it within 20 days of the date you receive the medical information

If an applicant who does not receive health care comes to your program, either:

- Refer the applicant to your agency's health care facilities

or

- Refer the applicant to a local health care provider

or

- Take a blood test and do the anthropometric measurements yourself at the WIC office

BE SURE THAT APPLICANTS KNOW WHAT DOCUMENTATION THEY NEED TO BRING TO THEIR CERTIFICATION APPOINTMENTS.

WAITING LIST NOTIFICATION LETTER

Local Program Letterhead

Date: _____

Dear _____:

We have received your completed medical referral form for participation in the _____ WIC Program.

Our program is full at this time. We have placed _____ name on our waiting list. You will be notified as soon as an appointment time becomes available. At this appointment you will find out if you/your child can get on the WIC program.

You/your child will be on the waiting list until * _____. If you do not hear from us by then and still want to be considered for the WIC Program, you must reapply.

If during this period there is any change in you/your child's health, please contact us.

If you do not agree with this decision, you may ask for a fair hearing. Contact us at _____ or call the State WIC Office at (617) 727-6876 or 1-800-WIC-1007.

Sincerely,

_____ WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

For Program use only:

* For infants and children: 6 months from receipt of form

* For pregnant women: month of expected delivery date

* For nursing women: 6 months from receipt of form or 1 year from delivery date (whichever comes first)

* For postpartum, bottlefeeding women: 6 months from receipt of form or 6 months from delivery date (whichever comes first)

WAITING LIST NOTIFICATION LETTER (Spanish)

Local Program Letterhead

Fecha: _____

Estimada Sr(a) _____:

Recibimos su Formulario Medico como aplicación para participar en el programa WIC de _____.

En estos momentos nuestro programa está lleno a capacidad, no obstante hemos incluido a _____ en nuestra lista de espera. Usted será notificada inmediatamente que haya una cita disponible. En esta cita podremos ver si usted y/ó su hijo/a llena(n) los requisitos necesarios para participar en nuestro programa.

Usted y/ó su hijo/a estará incluido en nuestra lista de espera hasta * _____. Si usted no ha recibido noticias nuestras para ese entonces y usted aun quiere ser considerada para participar en el programa WIC, usted necesita llenar una aplicación de nuevo.

Si durante esta espera surge algun cambio con respecto a la salud suya ó de su hijo/a por favor llamenos.

Si usted no está de acuerdo con esta decisión, usted puede solicitar una "Audiencia Imparcial". Para ésto, pongase en contacto con nosotros en el _____, ó llamando a la Oficina Estatal de WIC al (617) 727-6876 o el 1-800-WIC-1007.

Sinceramente,

_____ WIC Program

Este es un Programa de Igualdad de Oportunidades. Si usted cree que ha sido discriminada pro raza, color, origen, edad, sexo, ó por ser fisicamente incapacitada, escriba de inmediato al: "Secretary of Agriculture", Washington, D.C., 20250.

For Program use only:

* For infants and children: 6 months from receipt of form

* For pregnant women: month of expected delivery date

* For nursing women: 6 months from receipt of form or 1 year from delivery date (whichever comes first)

* For postpartum, bottlefeeding women: 6 months from receipt of form or 6 months from delivery date (whichever comes first)

SCHEDULING INITIAL CERTIFICATION APPOINTMENTS

EXAMINE YOUR CAPABILITIES AND NEEDS WHEN SETTING UP YOUR APPOINTMENT SYSTEM

You can schedule initial certification appointments in groups, or individually.

GROUP APPOINTMENTS

Initial certification groups should consist of applicants of the same WIC status (pregnant women, postpartum women, nursing mothers, infants, or children).

Base your decision on how to do group appointments on the facilities and staff available for each group.

INDIVIDUAL APPOINTMENTS

Time spent on individual certifications depends upon your staff and resources.

You can schedule individual certification appointments in several ways:

- open booking, when you see any type of applicant at any time
- choosing specific days and/or times of the week when you will see certain types of applicants (e.g. WIC infants, child repeat certifications)
- Remember to allow enough time to do a thorough interview and assessment without getting behind. Suggested appointment times for initial certifications are; pregnant women- 45 minutes, infants- 30 minutes, children- 30 minutes, breastfeeding women- 45 minutes.

CERTIFICATION

CERTIFICATION IS THE PROCESS BY WHICH A LOCAL WIC PROGRAM DETERMINES WHETHER AN INDIVIDUAL IS ELIGIBLE FOR WIC SERVICES.

THIS PROCESS INCLUDES DETERMINING CATEGORICAL ELIGIBILITY, GEOGRAPHICAL ELIGIBILITY AND INCOME ELIGIBILITY, AND DECIDING IF THE APPLICANT IS AT NUTRITIONAL RISK.

** EVERY CERTIFICATION FOR THE WIC PROGRAM MUST INCLUDE THE FOLLOWING INFORMATION FOR EACH PARTICIPANT:

1. name and address
2. indication of categorical eligibility
3. indication of geographical eligibility
4. documentation of income eligibility
5. height or length
6. weight
7. blood test results
8. dietary assessment
9. nutrition care plan, in SOAP note format
10. food package assignment
11. certification reason with the signature of a competent professional authority
12. signed copy of the affidavit of a participant's rights and responsibilities
13. date of certification

ELIGIBILITY DETERMINATION

TO BE ELIGIBLE FOR WIC, AN APPLICANT MUST MEET FOUR ELIGIBILITY CRITERIA:

1. CATEGORICAL ELIGIBILITY
2. GEOGRAPHICAL ELIGIBILITY
3. INCOME ELIGIBILITY
4. AT NUTRITIONAL RISK AS CERTIFIED BY A COMPETENT PROFESSIONAL AUTHORITY

A PERSON WHO IS A RESIDENT OF AN INSTITUTION IS NOT ELIGIBLE FOR WIC.

A PERSON WHO IS NOT ELIGIBLE FOR WIC MAY REAPPLY IMMEDIATELY AND AS OFTEN AS S/HE WISHES.

Check categorical eligibility first, then geographical eligibility, then check income eligibility. By pre-screening applicants for these eligibility criteria first, you may save an applicant from coming in for a nutrition appointment unnecessarily.

AN APPLICANT DOES NOT HAVE TO BE A U.S. CITIZEN OR A PERMANENT RESIDENT TO BE ELIGIBLE.

-- Treat foreign students and their families as you would other students.

-- A Social Security number is not required for WIC participation.

CATEGORICAL ELIGIBLITY

TO BE CATEGORICALLY ELIGIBLE FOR WIC, A PERSON MUST BE EITHER:

- A PREGNANT WOMAN
- A BREASTFEEDING WOMAN
- A POSTPARTUM WOMAN
- AN INFANT
- A CHILD

A PREGANT WOMAN is a woman determined to have one or more embryos or fetuses in utero. A woman's medical referral form provides adequate documentation that the woman is pregnant.

A BREASTFEEDING WOMAN categorically eligible for WIC is a woman up to one year postpartum who is breastfeeding her infant(s). A woman may breastfeed her infant only once or twice a day and still be considered a breastfeeding woman. A woman's medical referral form or her spoken statement provides adequate documentation that the woman is breastfeeding.

A POSTPARTUM WOMAN categorically eligible for WIC is a woman up to six months after termination of her pregnancy. If a woman has a spontaneous abortion (miscarriage) or a therapeutic abortion before 20 weeks gestation, that woman may not be considered a postpartum woman for WIC eligibility. A woman's medical referral form provides adequate documentation that the woman is postpartum.

An INFANT is a person under one year of age. An infant's medical referral form is adequate documentation that the person is an infant.

A CHILD categorically eligible for WIC is a person who has obtained her/his first birthday, but has not yet attained her/his fifth birthday. A child's medical referral form is adequate documentation that the person is a child.

** IF THE APPLICANT IS NOT CATEGORICALLY ELIGIBLE:

1. Explain to the applicant her/his reason(s) for ineligibility.
2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible.
3. Give the person information on the fair hearing process.

NOT ELIGIBLE LETTER

Local Program Letterhead

Date: _____

Dear _____:

This is to let you know that _____ is/are not eligible to participate in the WIC Program.

The reason is checked below:

_____ You do not live in Massachusetts.

_____ Not at nutritional risk.

_____ At nutritional risk, but there are those in greater need on the waiting list.

_____ Income is above eligible amount.

_____ Beyond the age or time limit for participation.

_____ Other: _____

If you do not agree with this decision, you may ask for a fair hearing. Contact us at _____ or call the State WIC Office at (617) 727-6876 or 1-800-WIC-1007.

Sincerely,

_____ WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

GEOGRAPHICAL ELIGIBILITY

A MASSACHUSETTS WIC PARTICIPANT MUST BE A MASSACHUSETTS RESIDENT.

A WIC APPLICANT HAS THE RIGHT TO APPLY TO WHICHEVER LOCAL WIC PROGRAM S/HE WANTS.

Massachusetts residency is the only geographical requirement.

A person does not have to be a permanent Massachusetts resident to be eligible for the WIC Program in Massachusetts.

If you wish you may encourage an applicant from outside of your assigned catchment area to go to another local WIC program.

You may not deny participation to someone simply because s/he lives outside of your catchment area.

** IF THE APPLICANT IS NOT GEOGRAPHICALLY ELIGIBLE:

1. Explain to the applicant her/his reason(s) for ineligibility.
2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible. See Part IV, Section A.4a(1) for a copy of this letter.
3. Give the person information on the fair hearing process.

INCOME ELIGIBILITY

MAXIMUM INCOME ALLOWED IS 185% OF THE POVERTY GUIDELINES AS ESTABLISHED ANNUALLY BY THE U.S. DEPARTMENT OF AGRICULTURE.

YOU MAY NOT SUBTRACT HARDSHIP DEDUCTIONS FROM AN APPLICANT'S INCOME.

DEFINITION OF "INCOME"

"Income" must include the total gross cash income of all members of the household. "Gross income" is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc.

Consider the household's income over the past 12 months and the household's current income to determine which is the better indicator of eligibility.

Include the following:

1. monetary compensation for services including wages, salary commissions, or fees
2. public assistance or welfare payments
3. unemployment compensation
4. net income from farm and non-farm self employment
5. social security payments
6. dividends or interest on savings or bonds, income from estates or trusts, or net rental income
7. government civilian employee payments, military retirement or pension payments, or veteran's payments
8. private pensions or annuities
9. alimony or child support payments
10. payments from welfare or other agency to a foster child
11. housing allowances

12. regular contributions from persons not living in the household

13. net royalties

14. other cash income, such as cash amounts received or withdrawn from any source (including savings, investments, trust accounts and other resources which are readily available to the family)

Do not include the following:

1. value of assistance from Food Stamps (the Food Stamp Act of 1977)

2. value of assistance under the National School Lunch Act, the Special Milk Program, the School Breakfast Program, the Child Care Food Program, the Summer Food Service Program for Children, the WIC Program, or other programs established under the Child Nutrition Act of 1966

3. reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970

4. any payment to volunteers under RSVP, foster grandparents, and other programs under Title II, SCORE and ACE of the Domestic Volunteer Service Act of 1973, and payment to VISTA volunteers who receive food stamps or public assistance at the time they join VISTA

5. income derived from certain submarginal land of the U.S. held in trust for certain Indian tribes

6. payments or allowances received pursuant to the Home Energy Assistance Act of 1980

7. payments received from the youth employment demonstration program

8. income derived from the disposition of funds to the Grand River Band of Ottawa Indians

9. value of free housing received by members of the clergy and on-base military

DETERMINING INCOME

When determining an applicant's income, the following questions should be asked:

- What is your income?
- Is that your only source of income?
- Do you receive money to support you and/or your children from anywhere else?
- Does anyone else in your household work or receive income?

Upon inquiring about an applicant's income, the following may be helpful:

If No Income:

How do you pay your bills?
How are you covering food costs?
Is anyone financially supporting you at this time?
Are you living off your savings?

If Unemployed:

Have you applied for unemployment benefits?
Are you receiving unemployment benefits?
Are unemployment benefits your only source of income?
When did your unemployment benefits run out?

If Self Employed:

Are you self-employed?
What do you do for a living?
Do you file quarterly tax statements to the IRS?
Is your income seasonal? Sporadic?

If Working Overtime:

Do you regularly work overtime?
How often do you work overtime?
How much overtime do you regularly receive?

If a Medicaid Recipient:

Do you receive AFDC/General Relief payments?
What is your source of income if not receiving AFDC/General Relief?

If a Student:

Do you receive any grants, scholarships or loans?
Do you participate in work study?
Does your spouse work? Do you work?
Does your family/country provide you with financial support?
Does your school provide you with financial support?

If in the Military:

What is your income?
Do you receive any cash benefits from the military?
Does any other household member receive additional income?

If a Member of the Clergy:

What is your income?
Does any other household member receive additional income?

If the Applicant is not Income Eligible:

Does this income represent your regular income?
How long have you been receiving this income?
Does this income accurately represent what your household has been supported on in the past 12 months?

DEFINITION OF "HOUSEHOLD"

A "household" is the economic unit for the purpose of determining WIC income eligibility.

A "household" is a person or group of persons who often (but not always) live together and who share income and consumption of goods or services.

A child is part of the household with whom s/he lives.

DO include in a household:

- a child for whom a family has accepted legal responsibility or has adopted
- a child who resides in a school or institution who's support is being paid for by the parent or guardian

Do NOT include in a household:

- an unborn infant
- a non-resident child for whom child support payments are made

DETERMINING HOUSEHOLD SIZE

The following questions should be asked when determining household size:

- How many people do you live with?
- How many people are supported by your income?
- Where do those supported by your income reside?

See the chart on the next page for guidelines for determining household size.

DETERMINATION OF HOUSEHOLD SIZE

SITUATION:	QUESTIONS TO ASK:	DETERMINATION OF HOUSEHOLD SIZE
Foster Child	o Is the child a ward of the state?	o If the child is a foster child and remains the legal responsibility of a welfare or other agency, the foster child shall be considered a household of one.
	o Are you the child's legal guardian?	o If yes, include as member of family household.
	o Do you receive any income because you care for the child?	o If yes, include in income of household if not ward of state.
Child Support	o Do you receive child support payments?	o If yes, include in income determination.
	o How regularly do you receive these payments?	o Include in income at appropriate frequency.
	o Do you pay child support?	o Child support payments can not be deducted from income of payer. Do not include a non-resident child for whom support payments are made in the household size.
Institutionalized family member	o Do you pay financial support for the institutionalized person?	o If yes, include in household size.
	o Does the state/other agency bear financial responsibility for the institutionalized person?	o If yes, do not include in household.
Living with another family	o Does the family provide you with free food, clothing, shelter, etc.?	o If yes, include as member of household.
	o Do you share the expenses?	o If yes, include as member of household.
	o Do you pay the family for living in their home?	o If a person is totally self-supporting, regardless of where s/he lives, that person is a household separate from the rest of those with whom s/he lives. A minor who pays for the expenses of her/his support is a household separate from the persons with whom s/he lives regardless of her/his age.

** IF THE APPLICANT IS NOT INCOME ELIGIBLE:

1. Explain to the applicant her/his reason(s) for ineligibility.

2. Give the person a "NOT ELIGIBLE LETTER" indicating "Income is above eligible amount" as the reason for ineligibility. See Part IV, Section A.4a(1) for a copy of this letter.

3. Give the person information on the fair hearing process.

** IF A PARTICIPANT BECOMES OVER-INCOME DURING THE CERTIFICATION PERIOD:

1. You must terminate the participant and any other family member who is participating in the WIC program.

2. Explain to the participant the reason for termination.

3. Give the person a "NO LONGER ELIGIBLE LETTER (Criteria) indicating "No longer income eligible" as the reason for termination. See Part IV, Section A.6a for a copy of this letter.

4. Give the person information on the fair hearing process.

INCOME DOCUMENTATION

DOCUMENTATION IS REQUIRED FOR THE INCOME OF ALL HOUSEHOLD MEMBERS.

YOU MUST DOCUMENT INCOME AT EACH CERTIFICATION.

DOCUMENTATION OF INCOME

Documentation may include, but is not limited to:

1. pay stub
2. letter from employer
3. unemployment card
4. current Medicaid card
5. savings book (to estimate average weekly and/or monthly withdrawals)
6. letter from the court regarding child support or alimony
7. income tax forms (W_2 or quarterly estimates)

In order to determine current income, documentation source must be dated within the past month. An exception to this is the self-employed, whose tax returns are submitted quarterly; in these cases the form from the most recent quarter should be used.

If income eligibility is based on annualized income, adequate documentation should be provided to verify the household's income over the past 12 months.

You do not need to keep a copy of the income documentation in the person's file.

YOU MAY NOT REQUIRE AN APPLICANT OR PARTICIPANT TO PAY FOR PHOTOCOPYING INCOME DOCUMENTATION.

The following chart indicates the type of documentation required for various categories of applicants.

CATEGORY	NECESSARY DOCUMENTATION
UNEMPLOYED, RECEIVING UNEMPLOYMENT	Unemployment card or copy of unemployment compensation check or unemployment compensation check stub.
UNEMPLOYED, LIVING ON SAVINGS	Dollar value of the averaged weekly/monthly withdrawals, as found in the individual's savings book over a period of the past several weeks/months.
SELF-EMPLOYED	Copy of quarterly income tax return form, also known as the 1040-ES Form - Estimated Tax for Individuals, or a signed letter from employer stating source of income, total income and frequency.
SEASONALLLY EMPLOYED	For the seasonally employed (e.g., farmers and fishermen) the previous year's W_2 form can be used. A signed letter from the employer stating source of income, amount and frequency is necessary otherwise.
MILITARY PERSONNEL	Current pay statement. In-kind benefits such as housing on base are not counted as income. A housing allowance for housing off-base is included in the current pay statement, and should be considered as income.
MEDICAID RECIPIENTS/ AFDC/GEN. RELIEF REC.	A number of other state administered programs routinely verify and screen for income. These programs include Medicaid, AFDC and General Relief. A local program may, under certain circumstances, accept I.D. cards which verify an applicant's participation in these programs as documentation of income for the WIC Program. See Part IV, Section A.4a(3a)(i) for more information.
STUDENTS	See Part IV, Section A.4a(3a)(ii).
NO INCOME	Applicant should be asked how they cover payment of bills, food, housing. If they receive no money or possess no savings, they can be considered eligible due to no income.

MEDICAID RECIPIENTS (GENERAL RELIEF/AFDC)

A MEDICAID CARD IS NOT AUTOMATIC PROOF OF WIC ELIGIBILITY. ONLY MEDICAID RECIPIENTS RECEIVING GENERAL RELIEF OR AFDC ARE AUTOMATICALLY INCOME ELIGIBLE FOR WIC.

USING A MEDICAID CARD AS PROOF OF INCOME:

The criteria for inssuance of a Medicaid card is varied. In order to use a Medicaid card for purposes of documenting income, the basis of issuance must be AFDC or General Relief eligibility.

Being a holder of a Medicaid card DOES NOT automatically indicate AFDC or General Relief eligibilty, but all those receiving AFDC and General Relief benefits are issued a Medicaid card. It is therefore necessary to distinguish those who hold Medicaid cards and are AFDC or General Relief eligible, from those who hold Medicaid cards, but are not.

Determination of whether an applicant issued a Medicaid card is also AFDC or General Relief eligible is done by:

1) Asking the applicant whether they are receiving AFDC or General Relief payments,

AND

2) Asking to see the applicant's Medicaid card, and assessing whether the two digits beneath the notation CAT (category) correspond with the Department of Public Welfare's coding; "02" for AFDC or "04" for General Relief recipients.

If the Medicaid card holder works:

The Medicaid card in this instance does not reflect the individual's income, and a paystub, letter from their employer or other standard form of income documentation is required. See Part IV, Section A.4a(3) for more information.

If the Medicaid card holder is an AFDC or General Relief recipient:

The Medicaid card can be used as income documentation. Both the verbal dollar amount received by that individual, as well as the Medicaid card number should appear on the WIC Income Eligibility Form. See Part IV, Section A.4a(3b) for a copy of this form

DOCUMENTING INCOME FOR APPLICANTS WHO ARE IN THE PROCESS OF APPLYING FOR AFDC OR GENERAL RELIEF:

If an applicant has recently applied for AFDC or General Relief but is not currently receiving benefits, nor has been issued a Medicaid card, the program may:

1) Request from the applicant a copy of the grant letter given to them by the Welfare Department which states their eligibility along with the cash grant they will receive.

OR

2) Request a copy of the computer sheet provided by the Department of Public Welfare which indicates their eligibility and cash grant amount.

If an applicant cannot provide a copy of the letter or computer sheet, the program must assess what the applicant is currently living on, and document the source.

The applicant should be advised to bring proof of their AFDC/General Relief benefit as soon as it is received. Change in income should be noted in the participant's file.

See Part IV, Section A.4a(3b) for clarification of documentation on WIC income eligibility form.

STUDENTS

DOCUMENTATION OF INCOME FOR STUDENTS MUST INCLUDE ALL READILY AVAILABLE CASH AMOUNTS RECEIVED.

TUITION AND FEES, WHEN NOT READILY CASH AVAILABLE, SHOULD NOT BE INCLUDED IN INCOME DETERMINATION.

EXCLUSION FROM PARTICIPATION FROM THE WIC PROGRAM MAY NO BE BASED ON NON-IMMIGRANT ALIEN STATUS.

NON-IMMIGRANT ALIEN STUDENTS

Non-immigrant alien students may be considered eligible for the WIC Program. Determination of alien status is not required by federal regulation or State guidelines.

Foreign students applying to U.S. universities provide the US consulate in their country (i.e. not necessarily the Immigration and Naturalization Service in the U.S.) with information regarding their financial status upon entering the United States. Most universities in the state will request this information when assessing admission to school. In most cases this information is kept in the student's financial aid records and is available to the student.

Some students with foreign student visas conduct the financial aid transaction with their consulate and/or embassy, and not through the university. It is therefore necessary for the student to contact the appropriate source.

Local programs should remind the non-immigrant alien student that participation in the WIC program might be considered by the INS (Immigration and Naturalization Service in the U.S.) as a determination that s/he has become a public charge, which could jeopardize their visa.

Children born in the United States to alien students are citizens, therefore their participation in the WIC Program does not jeopardize their parents' alien status.

STUDENTS RECEIVING FINANCIAL AID

Students are not allowed a deduction for tuition expenses. However, a loan or scholarship is not considered cash income when the money is intended solely for tuition expenses (i.e., when it is not readily available cash). If the student is receiving a living stipend (e.g., as part of a teaching assistantship), this should be considered income.

All students receiving loans, grants or scholarships as their source of income should provide the local program with a copy of their Financial Aid Transcript, which can be obtained at their school's financial aid department. This transcript will show:

1) the total number of loans, scholarships or assistantships being received by a student
2) the total amount of money received by the student
3) the amount of money used for tuition and fees (i.e., not readily available cash)
4) total amount of money for living expenses

DOCUMENTING INCOME FOR STUDENTS

Local programs documenting alien student income should either:

- Request a copy of the student's "Schedule of Expenses" form which includes a Certification of Finances. This form is used by most major universities when admitting a non-immigrant alien student into their school, and includes a financial disclosure.

OR

- Have the student contact her/his financial aid department or international student office to request that financial information be forwarded to the WIC Program.

See Part IV, Section A.4a(3b) for more information on documenting income on the WIC income eligibility form.

USING THE INCOME ELIGIBILITY FORM

YOU MUST USE THE MOST CURRENT INCOME ELIGIBILITY FORM AT EACH CERTIFICATION APPOINTMENT TO DOCUMENT AN APPLICANT'S INCOME ELIGIBILITY.

YOU MUST FILL OUT THE MOST CURRENT INCOME ELIGIBILITY FORM AT EACH CERTIFICATION. THE FORM MUST BE COMPLETELY FILLED OUT WITH THE APPLICANT'S:

1. "Income" -- The applicant's total household income at the date of certification, and the frequency of that income (weekly, monthly, yearly). See Part IV, Section A.4a(3) for more information on determining income.

2. "Family Size" -- The applicant's total household size. See Part IV, Section A.4a(3) for more information on determining household size.

3. "Documentation" -- The type of income documentation used to verify the household's current or annualized income. See Part IV, Section A.4a(3a) for more information on documentation.

4. "Eligible for Other Programs" -- Other federal and state assistance programs for which the applicant is eligible. See Part IV, Section A.4c(3) for more information on referrals.

5. "Date" -- The full date (month/day/year) of the time when you checked the person's income.

6. "Staff Signature" -- The full signature (not just initials) of the WIC Program staff person completing the income eligibility form.

It is not necessary to have the applicant sign the income form, as her/his signature on the Rights and Responsibilities form serves to make the income form binding.

DOCUMENTING INCOME ON THE INCOME ELIGIBILITY FORM:

CATEGORY	AMOUNT	FREQUENCY	DOCUMENTATION OF AMOUNT
Medicaid card holder/AFDC or General relief recipient	Dollar amount received. Verbally disclosed.	Current month.	"Medicaid card # _____" (Validating CAT code: "02" for AFDC "04" for General Relief)
AFDC/General Relief applicant	Dollar amount indicated on Department of Welfare letter.	As indicated on letter.	"Welfare letter"
Savings	Average dollar amount of withdrawals over several weeks/ months.	Frequency used in determining average dollar amount.	"Savings book"
Paycheck(s)	Average dollar amount of paychecks.	Frequency of payment of check.	"Paycheck"
Financial aid/ Educational grants	Total amount received by the student for the current semester excluding amount designated for tuition and fees.	Length of the semester divided by the number of months in the semester.	"Financial aid transcript" or "Certification of Finances"

MASSACHUSETTS WIC PROGRAM

INCOME ELIGIBILITY FORM ***JULY 1, 1985 - JUNE 30, 1986***

GUIDELINES: 185% of POVERTY

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	9,713	810	187
2	13,043	1,087	251
3	16,373	1,365	315
4	19,703	1,642	379
5	23,033	1,920	443
6	26,363	2,197	507
7	29,693	2,475	572
8	33,023	2,752	636
EACH ADDITIONAL HOUSEHOLD MEMBER	3,330	278	65

PARTICIPANT'S NAME _____

INCOME $ _____ FREQUENCY yearly/monthly/bi-weekly/weekly (circle)

HOUSEHOLD SIZE _____ TYPE OF DOCUMENTATION _____

REFERRED TO AFDC / FOOD STAMPS / other: _____ (circle)

DATE _____ STAFF SIGNATURE _____

INCOME $ _____ FREQUENCY yearly/monthly/bi-weekly/weekly (circle)

HOUSEHOLD SIZE _____ TYPE OF DOCUMENTATION _____

REFERRED TO AFDC / FOOD STAMPS / other: _____ (circle)

DATE _____ STAFF SIGNATURE _____

INCOME $ _____ FREQUENCY yearly/monthly/bi-weekly/weekly (circle)

HOUSEHOLD SIZE _____ TYPE OF DOCUMENTATION _____

REFERRED TO AFDC / FOOD STAMPS / other: _____ (circle)

DATE _____ STAFF SIGNATURE _____

NUTRITIONAL RISK

A PERSON MUST HAVE A NUTRITIONAL RISK FACTOR TO BE ELIGIBLE FOR WIC.

TO DETERMINE NUTRITIONAL RISK FOR WIC ELIGIBILITY, USE ONLY THE STATEWIDE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION".

In completing the determination of nutritional risk, use the following information about the applicant:

1. Height or length
2. Weight
3. Hematocrit, hemoglobin or FEP level
4. Nutrition assessment information (including 24-hour recall and food frequency)
5. Medical history
6. Lifestyle factors

This information is determined using the medical referral form and dietary assessment. Information which is used for determining nutritional risk must be doccumented in the participant's record. If the source of the information is not in the record (e.g. is ascertained over the phone from a health care provider or is in the participant's medical record), this should be so noted on the WIC certification form.

** IF THE APPLICANT IS AT NUTRITIONAL RISK AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Choose an appropriate certification reason for the applicant.
2. Continue the certification process for the applicant.

** IF THE APPLICANT IS AT NUTRITIONAL RISK, BUT IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Offer the person the opportunity to go on your waiting list.

2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible. See Part IV, Section A.4a(1) for a copy of this letter.

3. Give the person information on the fair hearing process.

** IF THE APPLICANT IS NOT AT NUTRITIONAL RISK:

1. Explain to the applicant her/his reason(s) for ineligibility.

2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible. See Part IV, Section A.4a(1) for a copy of this letter.

3. Give the person information on the fair hearing process.

Special Supplemental Food Program
For Women, Infants & Children

NUTRITIONAL RISK CRITERIA FOR CERTIFICATION

MASSACHUSETTS WIC PROGRAM

Department of Public Health
150 Tremont St., 3rd Fl.
Boston, MA 02111

EFFECTIVE 10/1/85 - 9/30/86

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

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Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

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REFERENCE LIST - WOMEN

CRITERIA	PRIORITY		
	W1	W2	W3
HEMATOLOGICAL:			
Hematocrit < 35%	I	VI	I
Hemoglobin < 12g/100ml	I	VI	I
Hemoglobin percent < 72%	I	VI	I
FEP ≥ 35 ug/100 ml	I	VI	I
Lead ≥ 25mg/100ml	I	VI	I
PATTERN OF WEIGHT GAIN:			
Pregravid weight above or below standard range for height	I	---	---
Rate of weight gain above or below Massachusetts WIC prenatal weight grid	I	---	---
Weight loss during pregnancy	I	---	---
Total amount of weight gain above or below Massachusetts WIC prenatal weight grid	---	VI	I
Postpartum weight above or below standard range for height	---	VI	I
PRESENT HEALTH/MEDICAL CONDITIONS:			
Cardiac, hypertensive, renal, gastro-intestinal or other chronic conditions that are affected by or have an impact on nutritional status, such as (but not limited to): sickle cell anemia, cancer, diabetes, metabolic disorders	I	VI	I
Frequent episodes of infectious disease	I	VI	I
Food allergy or food intolerance	I	VI	I
Gestational diabetes	I	----	---
Obstetrical complications	I	----	---
Multiple fetuses in utero	I	----	---
Folic acid deficiency	I	----	---
Poor oral health	I	VI	I
No previous pregnancy	I	----	---
Pica	I	----	---

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

REFERENCE LIST - WOMEN (cont.)

CRITERIA	PRIORITY		
	W1	W2	W3
HISTORY OF PREVIOUS PREGNANCY:			
Multiple therapeutic abortions; abortion at or after 20 weeks	I	----	---
≥ 2 interconceptual periods < 16 months	I	----	---
>5 previous pregnancies	I	----	---
Birth weight ≤ 5 lb. 8 oz. or ≤ 2500 gms	I	VI	I
Premature birth ≤ 38 weeks gestation	I	VI	I
Spontaneous abortion, stillbirth, neonatal death	I	VI	I
Infant with congenital anomalies	I	VI	I
Interconceptual period < 16 months	I	VI	I
Obstetrical complications	I	VI	I
Iron deficiency anemia	I	VI	I
Cesarean section	----	VI	I
CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK:			
Mental retardation or mental illness	I	VI	IV
Excessive alcohol intake	I	VI	IV
Drug abuse	I	VI	IV
Smoking	I	----	IV
Excessive caffeine intake	I	----	IV
Maternal age at onset of pregnancy ≤ 19	I	IV	IV
Maternal age at onset of pregnancy > 35	I	----	----
Breastfeeding a WIC-eligible infant	---	----	I, II, IV
INADEQUATE FOOD INTAKE:	IV	VI	IV

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

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REFERENCE LIST - INFANTS/CHILDREN

CRITERIA	PRIORITY	
	INFANTS	CHILDREN
HEMATOLOGICAL:		
Hematocrit < 34%	I	IIIA
Hemoglobin < 11g/100ml	I	IIIA
Hemoglobin percent < 72%	I	IIIA
FEP ≥ 35 ug/100 ml	I	IIIA
Lead ≥ 25mg/100ml	I	IIIA
BIRTH OUTCOME: for infants 0-6 months		
Birth weight ≤ 5 lb. 8 oz. or ≤ 2500 gm	I	----
Birth weight > 11 lb.	I	----
Premature birth ≤ 38 weeks gestation	I	----
Postmature birth > 42 weeks gestation	I	----
ANTHROPOMETRIC:		
Weight for length ≤ 25th percentile	I	----
Weight for height ≤ 10th percentile	---	IIIA
Weight for length ≥ 90th percentile	I	----
Weight for height ≥ 95th percentile	---	IIIB
Height for age ≤ 10th percentile	I	IIIA
Weight or length for age ≤ 10th percentile	I	IIIA
No increase in length or weight from previous measurement	I	IIIA
Decrease in weight from previous measurement	I	IIIA

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

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REFERENCE LIST - INFANTS/CHILDREN (cont.)

CRITERIA	PRIORITY	
	INFANTS	CHILDREN
CURRENT HEALTH/MEDICAL STATUS:		
Chronic conditions that are affected by or have an impact on nutritional status, such as (but not limited to): celiac disease, cystic fibrosis, sickle cell anemia, inborn errors of metabolism	I	IIIA
Congenital anomalies that impair feeding or utilization of nutrients	I	IIIB
Repeated episodes of G.I. disturbances	I	----
Frequent episodes of infectious disease	I	----
Food allergy or food intolerance	I	IIIA
Cardiac, hypertensive, renal, gastro-intestinal or other chronic conditions that are nutrition-related	---	IIIB
Failure to thrive	I	IIIA
Poor oral health	---	IIIC
Pica	I	IIIC
CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK:		
Mental retardation or mental illness	IV	VB
WIC infant (0-6 months)	II	----
Infant of a high-risk mother (0-6 months)	II	----
Infant of a WIC-eligible breastfeeding mother	I, II, IV	----
Mother or caretaker with: mental illness or mental retardation; alcohol abuse; drug abuse; age $\leq$ 19 years	IV	VA
INADEQUATE FOOD INTAKE :	IV	VA, VB

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

PREGNANT WOMEN

RISK CRITERIA	PRIORITY	STANDARD
1. HEMATOLOGICAL:	I	a. Hematocrit < 35%
	I	b. Hemoglobin < 12g/100ml
	I	c. Hemoglobin percent < 72%
	I	d. FEP ≥ 35 ug/100 ml FEP = Free Erythrocyte Protoporphyrin (high levels of FEP indicate iron deficiency and/or lead poisoning)
	I	e. Lead ≥ 25mg/100ml
2. PATTERN OF WEIGHT GAIN:	I	a. Pregravid weight above or below standard range for height (See attached chart)
		b. Rate of weight gain above or below Massachusetts WIC prenatal weight grid
		c. Weight loss during pregnancy
3. PRESENT HEALTH/MEDICAL CONDITIONS:	I	a. Cardiac, hypertensive, renal, gastrointestinal, or other chronic conditions that are affected by or have an impact on nutritional status, such as (but not limited to): sickle cell anemia, cancer, diabetes, metabolic disorders
	I	b. Frequent episodes of infectious disease, such as upper respiratory
	I	c. Food allergy or food intolerance (including lactose intolerance)
	I	d. Gestational diabetes
	I	e. Obstetrical complications: excessive edema, preeclampsia, hypertension, placenta praevia, hyperemesis gravidarum
	I	f. Multiple fetuses in utero
	I	g. Folic acid deficiency as documented on the medical referral form

(continued)

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

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PREGNANT WOMEN (cont.)

RISK CRITERIA	PRIORITY	STANDARD
3. PRESENT HEALTH/MEDICAL CONDITIONS: (cont.)	I	h. Poor oral health as documented on the dental referral form: - four or more cavities or two large cavities - advanced severe periodontitis - fewer than six occluding natural or artificial posterior teeth - in need of immediate dental care due to pain or infection
	I	i. No previous pregnancies
	I	j. Pica: chronic consumption of non-food items such as, but not limited to, dirt, chalk, clay, cornstarch
4. HISTORY OF PREVIOUS PREGNANCY:	I	a. Birth weight $\leq$ 5 lb. 8 oz. or $\leq$ 2500 gm
	I	b. Premature birth $\leq$ 38 weeks gestation
	I	c. Spontaneous abortion, stillbirth, neonatal death (occuring within 28 days postpartum)
	I	d. Infant with congenital anomalies
	I	e. Multiple therapeutic abortions ($\geq$3); therapeutic abortion at or after 20 weeks
	I	f. Five or more previous pregnancies (gravida 6)
	I	g. Interconceptual period less than 16 months (interval from termination of last pregnancy to conception of this pregnancy less than 16 months)
	I	h. Two or more interconceptual periods each less than 16 months
	I	i. Obstetrical complications: eclampsia, preeclampsia, hypertension, excessive or inadequate weight gain, placenta praevia, hyperemesis gravidarum
	I	j. Iron deficiency anemia as documented on the medical referral form

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

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PREGNANT WOMEN (cont.)

RISK CRITERIA	PRIORITY	STANDARD
5. CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK:	I	a. Mental retardation or mental illness
	I	b. Excessive alcohol intake: > 1 ounce pure (80 proof) alcohol or > 2 drinks daily 1 ounce pure alcohol = 2 oz. whiskey = 2 12 oz. beers = 2 4 oz. glasses of wine
	I	c. Drug abuse
	I	d. Smoking (any amount of cigarette smoking)
	I	e. Excessive caffeine intake: > 4 cups of coffee per day or ≥ 400 mg caffeine (See attached list)
	I	f. Maternal age at onset of this pregnancy ≤ 19 or > 35 years
6. INADEQUATE FOOD INTAKE:	IV	a. One serving below recommended number of servings in any one food group, as documented on the Massachusetts WIC assessment form, using lower end of range as standard

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

POSTPARTUM, NON-BREASTFEEDING WOMEN

RISK CRITERIA	PRIORITY	STANDARD
1. HEMATOLOGICAL:	VI	a. Hematocrit < 35%
	VI	b. Hemoglobin < 12g/100ml
	VI	c. Hemoglobin percent < 72%
	VI	d. FEP ≥ 35 ug/100 ml FEP = Free Erythrocyte Protoporphyrin (high levels of FEP indicate iron deficiency and/or lead poisoning)
	VI	e. Lead ≥ 25mg/100ml
2. PATTERN OF WEIGHT GAIN:	VI	a. Total amount of weight gain above or below Massachusetts WIC prenatal weight grid
	VI	b. Postpartum weight above or below standard range for height (See chart, page 19)
3. PRESENT HEALTH/MEDICAL CONDITIONS:	VI	a. Cardiac, hypertensive, renal, gastrointestinal, or other chronic conditions that are affected by or have an impact on nutritional status, such as (but not limited to): sickle cell anemia, cancer, diabetes, metabolic disorders
	VI	b. Frequent episodes of infectious disease, such as upper respiratory
	VI	c. Food allergy or food intolerance (including lactose intolerance)
	VI	d. Poor oral health as documented on the dental referral form: - four or more cavities or two large cavities - advanced severe periodontitis - fewer than six occluding natural or artificial posterior teeth - in need of immediate dental care due to pain or infection

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

POSTPARTUM, NON-BREASTFEEDING WOMEN (cont.)

RISK CRITERIA	PRIORITY	STANDARD
4. HISTORY OF PREVIOUS PREGNANCY:	VI	a. Birth weight ≤ 5 lb. 8 oz. or ≤ 2500 gm
	VI	b. Premature birth ≤ 38 weeks gestation
	VI	c. Spontaneous abortion, stillbirth, neonatal death (occuring within 28 days postpartum)
	VI	d. Infant with congenital anomalies
	VI	e. Cesarean section
	VI	f. Interconceptual period less than 16 months (interval from termination of last pregnancy to conception of this pregnancy less than 16 months)
	VI	g. Obstetrical complications: preeclampsia, eclampsia, hypertension, excessive or inadequate weight gain, placenta praevia, hyperemesis gravidarum
	VI	h. Iron deficiency anemia as documented on the medical referral form
5. CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK:	VI	a. Mental retardation or mental illness
	VI	b. Excessive alcohol intake
	VI	c. Drug abuse
	IV	d. Maternal age at onset of this pregnancy ≤ 19 years
6. INADEQUATE FOOD INTAKE:	VI	a. One serving below recommended number of servings in any one food group, as documented on the Massachusetts WIC assessment form, using lower end of range as standard

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

BREASTFEEDING WOMEN

RISK CRITERIA	PRIORITY	STANDARD
1. HEMATOLOGICAL:	I	a. Hematocrit < 35%
	I	b. Hemoglobin < 12g/100ml
	I	c. Hemoglobin percent < 72%
	I	d. FEP ≥ 35 ug/100 ml FEP = Free Erythrocyte Protoporphyrin (high levels of FEP indicate iron deficiency and/or lead poisoning)
	I	e. Lead ≥ 25mg/100ml
2. PATTERN OF WEIGHT GAIN:	I	a. Total amount of weight gain above or below Massachusetts WIC prenatal weight grid
	I	b. Postpartum weight above or below standard range for height (See attached chart)
3. PRESENT HEALTH/MEDICAL CONDITIONS:	I	a. Cardiac, hypertensive, renal, gastro-intestinal, or other chronic conditions that are affected by or have an impact on nutritional status, such as (but not limited to): sickle cell anemia, cancer, diabetes, metabolic disorders
	I	b. Frequent episodes of infectious disease, such as upper respiratory
	I	c. Food allergy or food intolerance (including lactose intolerance)
	I	d. Poor oral health as documented on the dental referral form: - four or more cavities or two large cavities - advanced severe periodontitis - fewer than six occluding natural or artificial posterior teeth - in need of immediate dental care due to pain or infection

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

BREASTFEEDING WOMEN (cont.)

RISK CRITERIA	PRIORITY	STANDARD
4. HISTORY OF PREVIOUS PREGNANCY:	I	a. Birth weight ≤ 5 lb. 8 oz. or ≤ 2500 gm
	I	b. Premature birth ≤ 38 weeks gestation
	I	c. Spontaneous abortion, stillbirth, neonatal death (occuring within 28 days postpartum)
	I	d. Infant with congenital anomalies
	I	e. Cesarean section
	I	f. Interconceptual period less than 16 months (interval from termination of last pregnancy to conception of this pregnancy less than 16 months)
	I	g. Two or more interconceptual periods each less than 16 months
	I	h. Obstetrical complications: preeclampsia, eclampsia, hypertension, excessive or inadequate weight gain, placenta praevia, hyperemesis gravidarum
	I	i. Iron deficiency anemia as documented on the medical referral form
5. CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK:	I	a. Mental retardation or mental illness
	I	b. Excessive alcohol intake: > 1 ounce pure (80 proof) alcohol or > 2 drinks daily 1 ounce pure alcohol = o 2 oz. whiskey o 2 12 oz. beers o 2 4 oz. glasses of wine
	I	c. Drug abuse
	I	d. Smoking (any amount of cigarette smoking)
	I	e. Excessive caffeine intake: > 4 cups of coffee per day or ≥ 400 mg caffeine (See attached list)

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

BREASTFEEDING WOMEN (cont.)

RISK CRITERIA	PRIORITY	STANDARD
5. CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK: (cont.)	I	f. Maternal age at onset of this pregnancy $\leq$ 19 years
		g. Breastfeeding a WIC eligible infant as per infant assessment:
	I	- priority I infant
	II	- priority II infant
	IV	- priority IV infant
6. INADEQUATE FOOD INTAKE:	IV	a. One serving below recommended number of servings in any one food group, as documented on the Massachusetts WIC assessment form, using lower end of range as standard

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

INFANTS

RISK CRITERIA	PRIORITY	STANDARD
1. HEMATOLOGICAL:	I	a. Hematocrit < 34%
	I	b. Hemoglobin < 11g/100ml
	I	c. Hemoglobin percent < 72%
	I	d. FEP ≥ 35 ug/100 ml FEP = Free Erythrocyte Protoporphyrin (high levels of FEP indicate iron deficiency and/or lead poisoning)
	I	e. Lead ≥ 25mg/100ml
2. BIRTH OUTCOME: (0-6 months only)	I	a. Birth weight ≤ 5 lb. 8 oz. or ≤ 2500 gm
	I	b. Birth weight ≥ 11 lbs.
	I	c. Premature birth ≤ 38 weeks gestation
	I	d. Postmature birth > 42 weeks gestation
3. ANTHROPOMETRIC:	I	a. Weight for length ≤ 25th percentile
	I	b. Weight for length ≥ 90th percentile
	I	c. Length for age ≤ 5th percentile
	I	d. Weight for age ≤ 10th percentile
	I	e. No increase in weight or length from previous measurement (measurements should be ≥ 1 month apart)
	I	f. Decrease in weight from previous measurement (measurements should be ≥ 1 month apart)
4. CURRENT HEALTH/MEDICAL STATUS:	I	a. Chronic conditions that are affected by or have an impact on nutritional status, such as (but not limited to): celiac disease, cystic fibrosis, sickle cell anemia, inborn errors of metabolism
	I	b. Congenital anomalies that impair feeding or utilization of nutrients, such as cleft palate

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

INFANTS (cont.)

RISK CRITERIA	PRIORITY	STANDARD
4. CURRENT HEALTH/MEDICAL STATUS: (cont.)	I	c. Repeated episodes of G.I. disturbances such as diarrhea, constipation, vomiting, colic
	I	d. Frequent episodes of infectious disease, such as upper respiratory
	I	e. Food allergy or food intolerance (including lactose intolerance and milk allergy)
	I	f. Failure to thrive, as documented on medical referral form
	I	g. Pica: Chronic consumption of nonfood items such as, but not limited to, dirt, chalk, clay, cornstarch
5. CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK:	IV	a. Mental retardation or mental illness
	II	b. WIC infant (infant 0-6 months born to a woman enrolled on WIC while pregnant)
	II	c. Infant of a high-risk mother (infant, 0-6 months, whose mother would have qualified for WIC during her pregnancy but was not enrolled)
		d. Infant of a breastfeeding woman presently enrolled on WIC
	I	- priority I breastfeeding woman
	IV	- priority IV breastfeeding woman
	IV	e. Mother or caretaker with mental illness or mental retardation; documented drug or alcohol abuse; age $\leq$ 19 years

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

INFANTS (cont.)

RISK CRITERIA	PRIORITY	STANDARD
6. INADEQUATE FOOD INTAKE:	IV	a. Less than the recommended intake in any one of the following: protein, calcium, iron, vitamin C, vitamin D, kilocalories (as documented on the Massachusetts WIC assessment form)
	IV	b. Food intake that has an impact on nutritional status: - introduction of whole cow's milk before 6 months of age (for infants 0-6 months) - introduction of solid foods before 4 months of age (for infants 0-4 months) - no introduction of solid foods by 6 months of age - use of skim milk - more than 2 feedings of sweet foods and/or beverages per 24 hour period - inappropriate use of bottle, such as propping, solid food in bottle, bottle to bed

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

CHILDREN

RISK CRITERIA	PRIORITY	STANDARD
1. HEMATOLOGICAL:	IIIA	a. Hematocrit < 34%
	IIIA	b. Hemoglobin < 11g/100ml
	IIIA	c. Hemoglobin percent < 72%
	IIIA	d. FEP ≥ 35 ug/100 ml FEP = Free Erythrocyte Protoporphyrin (high levels of FEP indicate iron deficiency and/or lead poisoning)
	IIIA	e. Lead ≥ 25mg/100ml
2. ANTHROPOMETRIC:	IIIA	a. Weight for height ≤ 10th percentile
	IIIB	b. Weight for height ≥ 95th percentile
	IIIA	c. Height for age ≤ 10th percentile
	IIIA	d. Weight for age ≤ 10th percentile
	IIIA	d. No increase in height or weight from previous measurements (last certification or as indicated on MRF)
	IIIA	f. Decrease in weight from previous measurement (last certification or as indicated on MRF)
3. CURRENT HEALTH/MEDICAL STATUS:	IIIA	a. Chronic conditions that are affected by or have an impact on nutritional status, such as (but not limited to): celiac disease, cystic fibrosis, sickle cell anemia, inborn errors of metabolism
	IIIB	b. Congenital anomalies that impair feeding or utilization of nutrients, such as cleft palate
	IIIA	c. Food allergy or food intolerance (including lactose intolerance and milk allergy)
	IIIB	d. Cardiac, hypertensive, renal, gastrointestinal or other chronic conditions that are nutrition-related

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

CHILDREN (cont.)

RISK CRITERIA	PRIORITY	STANDARD
3. CURRENT HEALTH/MEDICAL STATUS: (cont.)	IIIC	e. Poor oral health, as documented on the dental referral form: - four or more cavities or two large cavities possibly involving the pulp - advanced severe periodontitis - fewer than six occluding natural or artificial posterior teeth - in need of immediate dental care due to pain or infection
	IIIA	f. Failure to thrive, as documented on the medical referral form
	IIIC	g. Pica: chronic consumption of nonfood items such as, but not limited to, dirt, chalk, clay, cornstarch
4. CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK:	VB	a. Mental retardation or mental illness
	VA	b. Mother or caretaker with mental illness or mental retardation; documented drug or alcohol abuse; age $\leq$ 19 years
5. INADEQUATE FOOD INTAKE:	VA	a. 3 or more servings below recommended number of servings as documented on the Massachusetts WIC assessment form (either lacking 3 servings in one food group or 1 serving in three food groups)
	VB	b. One or two servings below recommended number of servings as documented on the Massachusetts WIC assessment form

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/85 - 9/30/86

CHILDREN (cont.)

RISK CRITERIA	PRIORITY	STANDARD
5. INADEQUATE FOOD INTAKE (cont.):	VB	c. Food intake that has an impact on nutritional status: - not eating table foods - inappropriate use of bottle, such as solid food in bottle, bottle to bed, no use of cup - no self-feeding - use of skim milk before 18 months - intake of foods that are high calorie and of limited nutritive value $\geq$ 4 times/day, such as candy, chips, tonic and other sweet beverages, pork skins, packaged cakes

HEIGHT AND WEIGHT TABLE
(indoor clothing, no shoes)

WOMEN

HEIGHT	SMALL	MEDIUM	LARGE
4'8"	101-109	107-119	116-128
4'9"	102-111	109-121	118-131
4'10"	103-113	111-123	120-134
4'11"	104-115	113-126	122-137
5'0"	106-118	115-129	125-140
5'1"	108-121	118-132	128-143
5'2"	111-124	121-135	131-147
5'3"	114-127	124-138	134-151
5'4"	117-130	127-141	137-155
5'5"	120-133	130-144	140-159
5'6"	123-136	133-147	143-163
5'7"	126-139	136-150	146-167
5'8"	129-142	139-153	149-170
5'9"	132-145	142-156	152-173
5'10"	135-148	145-159	155-176
5'11"	138-151	148-162	158-179
6'0"	141-154	151-165	161-182

DETERMINATION OF FRAME SIZE

MEDIUM FRAME

To determine frame size, extend your arm and bend the forearm upward at a 90 degree angle. Keep fingers straight and the wrist toward your body. Use a caliper to measure the space between the two prominent bones on either side of your elbow. Compare this measurement with the table below that lists elbow measurements for medium-framed women. Measurements lower than those listed indicate a small frame. Higher measurements indicate a large frame.

Height (in bare feet)	Elbow breadth
4'9" - 5'2"	2 1/4" - 2 1/2"
5'3" - 5'10"	2 3/8" - 2 5/8"
5'11"	2 1/2" - 2 3/4"

(Reference for both tables: Metropolitan Life Insurance Company, 1983)

CAFFEINE CONTENT OF SELECTED ITEMS

PRODUCT	MILLIGRAMS OF CAFFEINE
COFFEE	
Drip (5 oz.)	146
Percolated (5 oz.)	110
Instant, regular (5 oz.)	53
Decaffeinated (5 oz.)	2
TEA	
One-minute brew (5 oz.)	9 to 33
Three-minute brew (5 oz.)	20 to 46
Five-minute brew (5 oz.)	20 to 50
Canned ice tea (12 oz.)	22 to 36
SOFT DRINKS (12 oz. can)	0 to 55
Diet Mr. Pibb	52
Mountain Dew	52
Mellow Yellow	51
Tab	44
Sunkist Orange	42
Shasta Cola	42
Dr. Pepper	38
Diet Dr. Pepper	37
Pepsi Cola	37
Royal Crown Cola	36
Diet Rite Cola	34
Diet Pepsi	34
Coca-Cola	34
Mr. Pibb	33
Cragmont Cola	trace
7-up, Diet 7-up	0
Sprite	0
RC-100	0
Diet Sunkist Orange	0
Fanta Orange	0
Fresca	0
Hires Root Beer	0

PRODUCT	MILLIGRAMS OF CAFFEINE
STIMULANTS (standard dose)	
Caffedrine Capsules	200
NoDoz Tablets	200
Vivarin Tablets	200
PAIN RELIEVERS (standard dose)	
Anacin	64
Excedrin	130
Midol	65
Plain aspirin, any brand	0
DIURETICS (standard dose)	
Coryban-D	30
Dristan	32
Triaminicin	30
WEIGHT-CONTROL AIDS (daily dose)	
Dexatrim	200
Dietac	200
Prolamine	280
COCOA AND CHOCOLATE	
Cocoa beverage (water mix 6 oz.)	10
Milk chocolate (1 oz.)	6
Baking chocolate (1 oz.)	35

(Amounts determined by Consumer's Union, 1981)

PREVENT REGRESSION

"Prevent regression" is a nutritional risk factor that may be used for repeat certifications. "Prevent regression" may not be used for initial certifications. If the competent professional authority (nutritionist or nutrition paraprofessional) determines that the participant's nutritional status will regress if they are removed from the program, they may certify the participant for "prevent regression".

> Federal Regulation 246.7(d)(1)(iii): "A participant who has previously been certified eligible for the program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the supplemental foods."

Each local program develops a policy on "prevent regression". The program staff must consider the priorities being served, the waiting list, the nutritional status of the participants and the role that WIC can play in improving or maintaining nutritional status. A program may choose to not implement the use of "prevent regression". A program may choose to use "prevent regression" on a case by case basis for all priority and nutritional risk categories. A program may choose to use "prevent regression" on a case-by-case basis for certain priority or nutritional risk categories. All "prevent regression" policies must be approved by the state WIC office. Any changes to the policy during the fiscal year must also be approved by the state WIC office prior to instituting the change.

Example: A child is initially certified for anemia. At the repeat certification she is certified for "prevent regression". After 6 months, at the repeat certification, she is again found to be anemic. Six months later she may be certified "prevent regression". This is an acceptable procedure. A participant may not, however, receive two consecutive certifications for "prevent regression".

NOTE: "Prevent regression" cannot be used as a certification reason for two consecutive certifications for any participant.

The participant who is remaining on the program for "prevent regression" also remains in the priority for which they were previously certified. Please follow these guidelines:

INITIAL CERTIFICATION	REPEAT CERTIFICATION FOR PREVENT REGRESSION
Infant (0-6 mon) Priority I (IXX)	Infant (6-12 mon) Priority I-pr (IXP)
Infant (6-12 mon) Priority I (IXX)	Child (1-5 yrs) Priority IIIA-pr (3AP)
Infant (0-6 mon) Priority IV (4XX)	Infant (6-12 mon) Priority IV-pr (4XP)
Infant (6-12 mon) Priority IV (4XX)	Child (1-5 years) Priority VA-pr (5AP)
Breastfeeding Woman (0-6 mon postpartum) Priority I (IXX)	Breastfeeding Woman (6-12 mon postpartum) Priority I-pr (IXP)
Breastfeeding Woman (0-6 mon postpartum) Priority IV (4XX)	Breastfeeding Woman (6-12 mon postpartum) Priority IV-pr (4XP)
Child (1-5 years) Priority IIIA (3AX)	Child (1-5 years) Priority IIIA-pr (3AP)
Child (1-5 years) Priority IIIB (3BX)	Child (1-5 years) Priority IIIB-pr (3BP)
Child (1-5 years) Priority IIIC (3CX)	Child (1-5 years) Priority IIIC-pr (3CP)
Child (1-5 years) Priority VA (5AX)	Child (1-5 years) Priority VA-pr (5AP)
Child (1-5 years) Priority VB (5BX)	Child (1-5 years) Priority VB-pr (5BP)

PRIORITY SYSTEM FOR NUTRITIONAL RISK CRITERIA

7 CFR Part 246.7, Federal Regulations
Adapted by Massachusetts WIC Program, February 13, 1985

PRIORITY I — Pregnant women, breastfeeding women and infants at nutritional risk as demonstrated by hematological or anthropometric measurements, or other documented nutritionally related medical conditions which demonstrate the need for supplemental foods.

PRIORITY II — Except those infants who qualify for Priority I, infants (up to 6 months of age) of WIC participants who participated during pregnancy, and infants (up to 6 months of age) born of women who were not WIC participants during pregnancy but whose medical records document that they were at nutritional risk during pregnancy due to nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions which demonstrate the person's need for supplemental foods.

PRIORITY III — Children at nutritional risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods.

IIIA	IIIB
Iron deficiency anemia	Overweight
Lead poisoning	Chronic systemic illness
Underweight	Congenital anomalies
Chronic medical conditions	
Inborn errors of metabolism	IIIC
Food allergy, food intolerance	
Failure to thrive	Poor oral health
	Pica

PRIORITY IV — Pregnant women, breastfeeding women, and infants at nutritional risk because of inadequate dietary pattern, and postpartum women less than 19 years.

PRIORITY V — Children at nutritional risk because of an inadequate dietary pattern.

VA - three or more servings below recommended number of servings as documented on the MA WIC Assessment and Certification Form. (Either lacking three servings in one food group or one serving in three food groups.)

VB - one or two servings below recommended number of servings as documented on the MA WIC Assessment and Certification Form.

PRIORITY VI — Postpartum, non-breastfeeding women at nutritional risk.

MASSACHUSETTS WIC PROGRAM

LIST OF PRIORITIES

Pregnant Women (W_1)	Priority I Priority IV
Postpartum, Non-breastfeeding Women (W_2)	Priority VI
Postpartum women < 19 years	Priority IV
Breastfeeding Women (W_3)	Priority I Priority IV
Infants (birth - 12 months)	Priority I Priority II Priority IV
Children (1 - 5 years)	Priority III Priority V

NUTRITIONAL ASSESSMENT FOR CERTIFICATION

A NUTRITIONAL ASSESSMENT MUST BE COMPLETED FOR EACH PARTICIPANT AS PART OF THE CERTIFICATION PROCESS.

NUTRITIONAL ASSESSMENT OF A PARTICIPANT MUST BE RECORDED ON THE APPROPRIATE "ASSESSMENT AND CERTIFICATION FORM".

The nutrition assessment serves two functions:

- identification of nutritional risk factors for determination of eligibility
- determination of the participant's individual concerns and needs for nutrition education.

Nutritional assessment is accomplished by:

- reviewing the medical referral form
- reviewing the participant's assessment form and/or questionnaire
- assessing information from the participant

Assessments can be done individually or in groups. Low-risk participants could be certified in groups or individually. High-risk participants should be certified individually by a nutritionist. Some high-risk participants such as pregnant teenagers may benefit from a group setting.

High-risk participants can broadly be defined as those participants who, because of identified risk factors, should be seen individually by a nutritionist. Examples of such risks are: cardiac, hypertensive, renal or gastrointestinal conditions, sickle cell anemia, lead poisoning, cancer, diabetes, inborn errors of metabolism, failure to thrive, pre-eclampsia or drug abuse.

There are participants who may not be comfortable in a group but who are not necessarily high risk. These participants could be certified individually by a nutrition paraprofessional. Examples are non-English speaking participants or participants requesting individual appointments.

For group certifications diet and health information is collected and assessed from participant questionnaires. These can be sent out and returned prior to a group; completed in the waiting room prior to the group; or completed as part of the group activity. The method you choose to use must include time to assess information on the questionnaires.

Nutrition education provided at the group certification consists of an explanation of WIC, the WIC foods, the use of vouchers, expectations of the participant, and return visits.

For individual certifications, diet and health information is collected by interviewing the participant using the Nutrition Assessment forms or by asking the participant to complete the questionnaire.

Counseling is based on information collected and the participant's specific needs/interests.

A nutrition care plan should be written for each participant. See Part IV, Section A.4c(2a) for more information on the nutrition care plan.

PRIORITY CATEGORIES

FEDERAL REGULATIONS DETERMINE PRIORITY CATEGORIES FOR THE TARGET POPULATIONS.

EACH NUTRITIONAL RISK FACTOR IS ASSIGNED A PRIORITY.

Each priority category includes specific nutritional risk criteria.

For a complete description of the priority categories and the Nutritional Risk Criteria, see Part IV, Section A.4a(4).

You must include a person's priority category and her/his nutritional risk factor on the certification form.

Use the priority categories to determine the order in which to certify people for the WIC Program when you have inadequate funding to serve all eligible people, i.e. when your program has a waiting list.

WIC INFANTS

"WIC INFANTS" ARE INFANTS BORN TO WOMEN WHO PARTICIPATED IN THE WIC PROGRAM DURING THEIR PREGNANCY.

WIC INFANTS ARE DEFINED BY FEDERAL REGULATION AS PRIORITY II. NUTRITION ASSESSMENT MAY DETERMINE THEM TO BE PRIORITY I.

PRELIMINARY CERTIFICATION MAY BE CONDUCTED WITH SOMEONE OTHER THAN THE INFANT'S MOTHER PROVIDING A COMPLETE CERTIFICATION TRANSPIRES WITHIN THE FIRST SIX WEEKS FROM THE INFANT'S DATE OF BIRTH.

APPLICATION AND SCHEDULING OF WIC INFANTS

Give the Medical Referral Forms for infants and postpartum women to the woman prior to her EDC. Instruct her to call the program when the baby is born, and you will make an appointment for her recertification and the baby's certification at that time.

CERTIFICATION OF WIC INFANTS

If the mother comes for the initial appointment, conduct a complete certification appointment for the baby.

If the mother is unable to come in for the initial appointment, a proxy may bring the necessary income documentation and anthropometric data for you to complete a preliminary "WIC infant" certification. This must include:

1) Determination of income eligibility

2) Completion of affidavit (Rights and Responsibilities)

3) Filling out a "preliminary" assessment and certification form for the infant including anthropometric data, date of certification (infant's birth date) and reason for certification ("WIC infant"). (See following example.)

4) Distribution of vouchers

5) Scheduling of a follow-up appointment within six weeks.

The infant's primary caretaker must attend the follow-up appointment to complete the infant's nutrition assessment and to receive nutrition counseling. If your program is taking Priority IV's, the follow-up appointment should coincide with the mother's postpartum recertification appointment.

NOTE: Since the certification date for a WIC infant is always his/her date of birth, the recertification appointment should be scheduled for 6 months from that date regardless of the date of the initial certification. This can result in the initial certification period being less than the standard 6 months but it is necessary to allow the infant's one-year evaluation to occur when s/he turns one.

Massachusetts WIC Program
ASSESSMENT & CERTIFICATION
INFANTS-Birth to 12 Months

ID# _____
Priority _____
Food Package _____

Name SYLVIA VALDEZ Sex: M__ F ✓ Date of Birth 7/1/85 Age 10 DAYS
Parent or Guardian JUANITA SANTOS Birth Weight 8#, 2oz Birth Length 20 in
Address 42 CROMPTON RD, F.R. Gestational Age 40 WKS
Telephone 322-9687 Infant Feeding: Breast__ Bottle__ Both ✓
Primary Language SPANISH Health Care DR. BOUDOIN
Mother on WIC? Prenatal ✓ Postpartum ___

S:

O: MEASUREMENTS Date 7/11/85
Weight 8# 5oz Length 20 in
Weight/Length %ile 50-75

[MUST BE COMPLETED BY 6 WEEKS!]

LAB (Optional)
Hct. _____ Date _____
Hgb. _____ Date _____
FEP _____ Date _____
Pb _____ Date _____

A:

OTHER _____

P:

Certified? Yes ✓ No ___
Reason(s) WIC INFANT
Date 7/1/85 Signature SUSAN POLSKI, RD
Referrals _____

BLOODWORK REQUIREMENTS

YOU MUST HAVE THE RESULTS OF A TEST OF SERUM IRON LEVELS (BLOODWORK) IN ORDER TO CERTIFY A WOMAN OR A CHILD FOR THE WIC PROGRAM

Since one of the primary purposes of the WIC Program is to help alleviate iron deficiency anemia, a screening test for serum iron levels is required for most applicants.

** BLOOD TESTS MAY BE ANY ONE OF THE FOLLOWING:

- Hematocrit (Hct): the percent of red cell volume

or

- Hemoglobin (Hgb): the amount of iron in the blood

or

- Free Erythrocyte Protoporphyrin (FEP): an indicator of iron-deficiency and/or lead poisoning

FOR PREGNANT WOMEN:

Pregnant women need one blood test taken anytime during the current pregnancy. The test does not have to be less than three months old.

Again, it just needs to be taken sometime during her pregnancy. Good prenatal care, however, includes routine blood tests for iron-deficiency.

FOR POSTPARTUM, NON-BREASTFEEDING WOMEN:

We do not require bloodwork for postpartum, non-breastfeeding women. It is hard to obtain and there is a question as to its reliability in determining iron-deficiency. Therefore, we have only stated "Most recent" bloodtest on the postpartum referral form. The standards for certification state that you can use either pregnant or postpartum bloodtest results to certify a postpartum woman.

Again, you do not have to have a bloodtest for a postpartum woman. However, if you cannot certify her for any other reason, you should request that she get a blood test to see if she would be eligible.

FOR BREASTFEEDING WOMEN:

The information on postpartum, non-breastfeeding women also applies to breastfeeding women.

No bloodwork is required at the six-month repeat certification for breastfeeding women unless their blood test results were below normal at their initial postpartum certification.

FOR INFANTS:

Infants do not need to have a blood test. Standard pediatric practice includes a blood test at one year.

The nutritional risk criteria for certification does give measures indicating iron deficiency for infants. You may use blood test results as a reason for certification for an infant if you have received the bloodwork from the physician or clinic, it is below the standard, and the test is not more than three months old. However, you should not routinely request bloodwork for infants.

FOR CHILDREN:

Children need to have a blood test once a year if their levels are normal or twice a year (every six months) if their levels are below normal.

** CHILDREN'S BLOOD TEST RESULTS MUST BE NO OLDER THAN THREE (3) MONTHS FROM THE DATE OF THE CERTIFICATION OR REPEAT CERTIFICATION APPOINTMENT.

Example: Juan Morales is certified as a WIC Infant.

At 6 months:	Certified for underweight.	No blood test required for infants.
At 1 year:	Certified for underweight.	Blood test requested; normal results.
At 18 months:	Certified for underweight.	Blood test not requested; normal at last certification.
At 24 months:	Certified for anemia.	Blood test results over one year old; new blood test requested; below normal results.
At 30 months:	Certified for prevent regression.	Blood test requested because below normal at last certification; normal results.

At 36 months:	Terminated; no nutritional risk factor.	Blood test requested; normal at last certification but program offered test to be sure there were no risk factors before removing participant from active caseload.

These policies have been formulated to comply with Federal regulations, to complement routine health care practices, and to take into consideration the constraints of administering a community nutrition program.

PARTICIPANT RIGHTS AND RESPONSIBILITIES

THE PARTICIPANT MUST SIGN THE AFFIDAVIT ENTITLED "YOUR RIGHTS AND RESPONSIBILITIES AS A WIC PARTICIPANT" AT EACH CERTIFICATION APPOINTMENT.

ON THE BACK OF THE AFFIDAVIT, THE PARTICIPANT OR PARENT/CARETAKER SIGNS ON THE "SIGNATURE" LINE.

THE WIC STAFF MEMBER EXPLAINING THE RIGHTS AND RESPONSIBILITIES SIGNS HER/HIS FULL SIGNATURE AS THE "WITNESS".

The participant must review the affidavit of rights and responsibilities at both initial certification and at each repeat certification.

The participant should read the affidavit entitled "YOUR RIGHTS AND RESPONSIBILITIES AS A WIC PARTICIPANT". If the participant cannot read, read the affidavit to her/him.

Explain the affidavit, and clarify any questions the participant might have. Provide the information in the participant's primary language.

Remember to date the signatures with the month, day, and year. This date should be the same as the date the participant reviewed the affidavit.

Put the WIC participant's name and WIC identification number on the front of the affidavit.

You might want to give each new participant a copy of the affidavit to take home.

NAME _____ WIC # _____

YOUR RIGHTS AND RESPONSIBILITIES AS A WIC PARTICIPANT

YOUR RIGHTS:

1. A pregnant woman is certified for the program until 6 weeks after she has had her baby. A postpartum or breastfeeding woman, infant or child (up to 5 years of age) is certified for a period of about 6 months.

2. You will receive WIC foods and nutrition counseling and education.

3. You can expect an adequate supply of WIC foods and courteous service at WIC approved stores or dairies. You should report any problems you have with the stores or dairies to your local WIC program (You do not have to give your name.).

4. The local WIC program will make available or refer you to health services. You are encouraged to participate in these services.

5. You will be informed of your local WIC program rules when you are certified for the program.

6. Standards for participation in the program are the same for everyone regardless of race, color, national origin, age, sex or handicap.

7. If you are terminated from the WIC program for any reason, you will be notified at least 15 days before that termination. You will be given the reason for termination and advised of your right to a fair hearing.

8. You may reapply for WIC if you are terminated from the program.

9. You may appeal any decision made by the local WIC program regarding your eligibility. Your local WIC program or the State WIC office (617-727-6876) will assist you in applying for a fair hearing.

YOUR RESPONSIBILITIES:

1. Food vouchers must be used according to instructions given to you by the WIC program staff. If you do not follow these instructions, you may be terminated from the program.

2. If you do not pick up your vouchers two months in a row, you will be terminated from the program.

3. If you cannot keep your appointments, call and reschedule them.

4. If you are pregnant, you should notify your WIC program as soon as your baby is born.

5. At the end of your certification period, you must schedule an appointment if you want to reapply for the program.

6. You must inform your local WIC program of all address and telephone changes.

7. You must provide proof of current total household income.

8. You may not participate in more than one WIC program at a time.

I have been advised of my rights and responsibilities und certify that the information I have provided for my eligibility correct, to the best of my knowledge. Program officials may have given. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.

I understand that my/my family's WIC participation records are confidential. However, I give permission for these records to be released for the following reasons:

1. State and federal government audits (participants' names withheld).
2. Transfer to another WIC program.
3. My personal health care providers' requests.

All other persons seeking information must first obtain my written consent.

DATE _____ SIGNATURE _____ WITNESS _____

DATE _____ SIGNATURE _____ WITNESS _____

DATE _____ SIGNATURE _____ WITNESS _____

DATE _____ SIGNATURE _____ WITNESS _____

DATE _____ SIGNATURE _____ WITNESS _____

DATE _____ SIGNATURE _____ WITNESS _____

DATE _____ SIGNATURE _____ WITNESS _____

DATE _____ SIGNATURE _____ WITNESS _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

NOMBRE_____ # WIC:_____

DERECHOS Y RESPONSABILIDADES COMO PARTICIPANTE DEL PROGRAMA WIC

SUS DERECHOS:

1. Una mujer embarazada será certificada en el programa WIC hasta 6 semanas después que ha tenido su bebé. Una mujer después del parto y que le esté dando el pecho al bebé; un bebé o un niño (hasta 5 años de edad) será certificado/a por un período de aproximadamente 6 meses.

2. Usted recibirá consejería, educación en nutrición y cupones para comprar ciertos alimentos a traves del programa WIC.

3. Usted debe recibir, un surtido adecuado de alimentos WIC y una atención respetuosa de parte de las tiendas y lecherías aprobadas por WIC. Usted debe notificar cualquier problema que tenga en las tiendas o lecherías a su programa local de WIC (no tiene que dar su nombre).

4. El programa local de WIC lo referirá a servicios de salud. Anímese a usar estos servicios

5. Usted recibirá información de las reglas de su programa local de WIC cuando sea certificado en el programa.

6. Las normas para participar en el programa WIC son las mismas para todos sea cual sea su raza, color, nacionalidad, edad, sexo o si es incapacitado fisicamente.

7. Si usted es terminado del programa WIC, usted será notificado 15 días antes. Se le darán las razones del porqué y se le explicarán sus derechos de recibir una audiencia justa.

8. Usted puede aplicar de nuevo si es terminado del programa WIC.

9. Usted puede apelar cualquier decisión tomada por el programa local de WIC sobre si usted es elegible o no para el programa. Su programa local de WIC o la oficina de WIC del Estado (617- 727-6876) lo ayudarán a aplicar para una audiencia justa.

SUS RESPONSABILIDADES:

1. Usted debe usar los cupones de WIC de acuerdo con las instrucciones que le dará el personal del programa. Si no sigue esas instrucciones, usted puede ser terminado del programa.

2. Si durante 2 meses seguidos no viene a buscar sus cupones de WIC, usted será terminado del programa.

3. Si usted no puede asistir a una cita, llame y cámbiela para otra fecha.

4. Si usted está embarazada, deberá notificar a su programa local de WIC tan pronto como el bebé nazca.

5. Al final del período de su certificación en WIC, deberá hacer una cita para aplicar de nuevo. Si así lo desea.

6. Debe avisar al programa local de WIC de todos los cambios de dirección y teléfono.

7. Debe mostrar pruebas del ingreso total de la familia con quien usted vive.

8. Usted no puede participar en más de un programa WIC a la vez.

He sido informado/a de mis derechos y responsabilidades en el programa WIC. Certifico que toda la información que he dado para ser elegido como participante es correcta . El programa puede verificar la información que he dado. Entiendo que cualquier error intencional me hará sujeto de ser acusado ante la ley federal o del estado, en términos civiles o criminales.

Entiendo que los archivos de mi familia o míos son confidenciales. Pero, doy mi permiso para que estos archivos puedan ser mostrados por las siguientes razones:

1. Auditorías del gobierno federal o del estado (no serán dados los nombres).

2 Ser transferido a otro programa WIC.

3. Si son requeridos por las personas que cuidan de mi salud.

Cualquier otra persona pidiendo información deberá primero tener mi permiso por escrito.

FECHA _____ FIRMA _____ TESTIGO _____

FECHA _____ FIRMA _____ TESTIGO _____

FECHA _____ FIRMA _____ TESTIGO _____

FECHA _____ FIRMA _____ TESTIGO _____

FECHA _____ FIRMA _____ TESTIGO _____

FECHA _____ FIRMA _____ TESTIGO _____

FECHA _____ FIRMA _____ TESTIGO _____

Este es un programa de igualdad de oportunidades. Si usted cree que ha sido discriminado por su raza, color, nacionalidad, edad, sexo o por que es incapacitado físicamente escriba inmediatamente a: "Secretary of Agriculture, Washington, D.C. 20250".

WIC Form #S12

CAMBODIA AFFIDAVIT

ឈ្មោះ_____ លេខ #_____

ព្រះរាជអាជ្ញាសាកសួរ:

១- ចំពោះបុគ្គលដែលមានវត្តមាននៅទីនេះ: តើអ្នកបានមកកាន់ទីក្រុងនេះ: តាមរយៈផ្លូវណា: ពេលណា: ដោយសារមូលហេតុអ្វី: ហើយតើអ្នកបានរស់នៅក្នុងទីក្រុងនេះយ៉ាងដូចម្តេច: ឬទេ?

២- អ្នកបានចាកចេញពីកម្ពុជាដោយសារមូលហេតុអ្វី: ដោយរបៀបណា: ហើយតើអ្នកបានធ្វើដំណើរតាមរយៈប្រទេសណាខ្លះ: មុនពេលមកដល់ទីនេះ?

៣- អ្នកអាចបង្ហាញនូវឯកសារអត្តសញ្ញាណប័ណ្ណ: លិខិតឆ្លងដែន: ឬលិខិតស្នាក់នៅបណ្តោះអាសន្ន: ដែលអ្នកបានកាន់ក្នុងពេលធ្វើដំណើរមកកាន់ទីនេះ: ដែរឬទេ? (ស្នើសុំឯកសារដែលពាក់ព័ន្ធ: ហើយចម្លងច្បាប់ទុក)

៤- តើអ្នកមានសាច់ញាតិនៅក្នុងប្រទេសកម្ពុជា: ឬនៅក្នុងប្រទេសផ្សេងទៀតដែរឬទេ? ប្រសិនបើមាន: តើអ្នកបានទាក់ទងជាមួយពួកគេតាមរយៈមធ្យោបាយអ្វីខ្លះ: ហើយតើពួកគេបានដឹងពីការមកដល់ទីនេះរបស់អ្នកដែរឬទេ?

៥- តើអ្នកមានប្រាក់ចំណូលប៉ុន្មាន: ក្នុងរយៈពេលមួយខែ: ឬមួយឆ្នាំ: ពីប្រភពណាខ្លះ: ហើយតើអ្នកបានប្រើប្រាស់ប្រាក់ចំណូលនេះយ៉ាងដូចម្តេច: ក្នុងរយៈពេលដែលអ្នករស់នៅក្នុងប្រទេសកម្ពុជា?

៦- តើអ្នកបានធ្វើការឲ្យរដ្ឋាភិបាលណាមួយ: ឬបានចូលរួមក្នុងសកម្មភាពនយោបាយណាមួយ: ដែរឬទេ? ប្រសិនបើបាន: តើអ្នកបានធ្វើការងារអ្វីខ្លះ: ហើយតើអ្នកបានចូលរួមក្នុងសកម្មភាពនយោបាយអ្វីខ្លះ: ដែរឬទេ?

៧- តើអ្នកមានសាច់ញាតិនៅក្នុងប្រទេសកម្ពុជា: ឬនៅក្នុងប្រទេសផ្សេងទៀត: ដែលធ្លាប់ធ្វើការឲ្យរដ្ឋាភិបាលណាមួយ: ឬបានចូលរួមក្នុងសកម្មភាពនយោបាយណាមួយ: ដែរឬទេ? ប្រសិនបើមាន: តើអ្នកបានទាក់ទងជាមួយពួកគេតាមរយៈមធ្យោបាយអ្វីខ្លះ: ហើយតើពួកគេបានដឹងពីការមកដល់ទីនេះរបស់អ្នកដែរឬទេ?

៨- តើអ្នកមានសាច់ញាតិនៅក្នុងប្រទេសកម្ពុជា: ឬនៅក្នុងប្រទេសផ្សេងទៀត: ដែលធ្លាប់ធ្វើការឲ្យរដ្ឋាភិបាលណាមួយ: ឬបានចូលរួមក្នុងសកម្មភាពនយោបាយណាមួយ: ដែរឬទេ? ប្រសិនបើមាន: តើអ្នកបានទាក់ទងជាមួយពួកគេតាមរយៈមធ្យោបាយអ្វីខ្លះ: ហើយតើពួកគេបានដឹងពីការមកដល់ទីនេះរបស់អ្នកដែរឬទេ?

ព្រះរាជអាជ្ញាសាកសួរបន្ថែម:

១- ប្រសិនបើអ្នកបានរៀបការជាមួយនឹងជនជាតិអាមេរិកាំង: ឬជនជាតិណាម្នាក់ដែលមានសញ្ជាតិអាមេរិកាំង: តើអ្នកបានជួបប្រទះនូវការលំបាកអ្វីខ្លះ: ក្នុងការដាក់ពាក្យសុំសញ្ជាតិអាមេរិកាំង: ឬទេ?

២- ប្រសិនបើមានការលំបាកណាមួយកើតមានឡើង: តើអ្នកបានធ្វើដូចម្តេច: ដើម្បីដោះស្រាយបញ្ហានេះ: ហើយតើអ្នកបានប្រើប្រាស់ជំនួយពីនរណាខ្លះ: ដែរឬទេ?

៣- ប្រសិនបើអ្នកមានកូនតូចៗ: តើអ្នកបានជួបប្រទះនូវការលំបាកអ្វីខ្លះ: ក្នុងការដាក់ពាក្យសុំសញ្ជាតិអាមេរិកាំង: ឬទេ?

៤- ប្រសិនបើអ្នកមានកូនតូចៗ: តើអ្នកបានធ្វើដូចម្តេច: ដើម្បីដោះស្រាយបញ្ហានេះ: ហើយតើអ្នកបានប្រើប្រាស់ជំនួយពីនរណាខ្លះ: ដែរឬទេ?

៥- តើអ្នកមានបងប្អូនប៉ុន្មាននាក់: ហើយតើពួកគេរស់នៅទីណា: ដែរឬទេ?

៦- តើអ្នកមានបងប្អូនប៉ុន្មាននាក់: ដែលបានមកដល់ទីនេះ: ហើយតើពួកគេបានមកដល់ទីនេះនៅពេលណា: ដែរឬទេ?

៧- តើអ្នកមានបងប្អូនប៉ុន្មាននាក់: ដែលបានមកដល់ទីនេះ: ហើយតើពួកគេបានមកដល់ទីនេះនៅពេលណា: ដែរឬទេ?

៨- តើអ្នកមានបងប្អូនប៉ុន្មាននាក់: ដែលបានមកដល់ទីនេះ: ហើយតើពួកគេបានមកដល់ទីនេះនៅពេលណា: ដែរឬទេ?

THE SECRETERY OF THE AGRICULTURE, WASHINGTON
D.C.20250

Vietnamese

TÊN HỌ _____ WIC # _____

"Your Rights And Responsibilities As A WIC Participant"

QUYỀN LỢI VÀ TRÁCH NHIỆM CỦA NGƯỜI THAM DỰ WIC

QUYỀN LỢI:

1. Khi có thai Bà sẽ được nhận vào chương trình cho tới 6 tuần sau khi sanh. Các bà sau khi sanh hoặc cho con bú, trẻ sơ sinh hoặc trẻ em dưới 5 tuổi cũng sẽ được nhận vào chương trình trong một thời gian là 6 tháng.
2. Bạn sẽ nhận thực phẩm của WIC và những hướng dẫn giáo dục về cách dinh dưỡng.
3. Bạn sẽ nhận được sự tiếp đải nhã nhặn và đúng các loại thực phẩm của WIC tại các cửa tiệm chấp nhận phiếu.Bạn nên báo cáo tất cả các trở ngại gặp phải tại các cửa tiệm cho nhân viên chương trình WIC địa phương (Bạn không cần phải nói tên mình ra).
4. Nhân viên chương trình WIC địa phương sẽ giúp đở và giới thiệu bạn tới các cơ sở y tế. Họ khuyến khích bạn nên tham dự vào các dịch vụ này.
5. Bạn sẽ được cho biết các điều lệ của chương trình WIC địa phương khi bạn được chấp nhận vào chương trình.
6. Các tiêu chuẩn để tham dự vào chương trình hoàn toàn giống nhau đối với tất cả mọi người không phân biệt chủng tộc, màu da, quốc gia xuất xứ, tuổi tác, phái tính hay tật nguyền.
7. Nếu vì một lý do nào đó bạn bị đình chỉ sự tham dự vào chương trình, bạn sẽ được thông báo trước ít nhất là 15 ngày. Bạn sẽ được biết lý do của sự đình chỉ này và sẽ được chỉ dẫn về quyền khiếu nại.
8. Khi bị đình chỉ tham dự vào chương trình, bạn có thể làm đơn xin lại.
9. Bạn có thể khiếu nại về bất cứ quyết định nào của chương trình WIC địa phương liên quan tới sự hợp lệ của bạn. Chương trình WIC địa phương hoặc của tiểu bang (617-727-6876) sẽ giúp đở bạn về việc làm đơn xin có buổi phân giải với tính cách vô tư.

TRÁCH NHIỆM :

1. Phiếu thực phẩm phải được sử dụng đúng như các chỉ dẫn của nhân viên chương trình WIC. Nếu bạn không tuân theo các chỉ dẫn này,

bạn có thể bị dình chỉ việc tham dự vào chương trình.

2. Nếu không đến lãnh phiếu trong hai tháng liên tiếp, bạn sẽ bị dình chỉ việc tham dự vào chương trình.
3. Nếu không thể đến đúng ngày hẹn, bạn phải gọi đến làm buổi hẹn mới.
4. Nếu có thai, Bà phải báo cho chương trình WIC ngay sau khi bà sanh.
5. Vào cuối thời gian được nhận vào chương trình, bạn phải làm một kỳ hẹn mới nếu muốn tái xin vào chương trình.
6. Mỗi khi thay dổi địa chỉ hay số điện thoại, bạn phải báo cho chương trình WIC địa phương biết.
7. Bạn phải đưa ra bằng chứng về lợi tức hiện tại của cả gia đình.
8. Bạn không thể tham dự hơn một chương trình WIC cùng một lúc.

Tôi đã được biết về quyền lợi và trách nhiệm của tôi trong Chương trình. Tôi xác nhận là những điều tôi khai báo liên quan tới tình trạng hợp lệ để vào chương trình của tôi là đúng sự thật. Nhân viên của chương trình có thể kiểm chứng lại những gì tôi đã khai. Tôi hiểu rằng nếu cố ý khai gian, tôi sẽ bị truy tố trước pháp luật cuả tiểu bang & liên bang.

Tôi hiểu rằng hồ sơ tham dự chương trình WIC của tôi hay gia đình tôi sẽ được giữ kín. Tuy nhiên, tôi cho phép công bố hồ sơ này với các lý do sau:

1. Khi có sự kiểm soát của tiểu bang hay liên bang. (tên họ người tham dự được giữ kín)
2. Chuyển sang một chương trình WIC khác.
3. Theo yêu cầu của người săn sóc sức khỏe của tôi.

Tất cả những ai khác muốn có dữ kiện này cần phải có giấy cho phép của tôi.

NGÀY _____ CHỮ KÝ _____ NHÂN CHỨNG _____

NGÀY _____ CHỮ KÝ _____ NHÂN CHỨNG _____

NGÀY _____ CHỮ KÝ _____ NHÂN CHỨNG _____

NGÀY _____ CHỮ KÝ _____ NHÂN CHỨNG _____

NGAY _____ CHỮ KÝ _____ NHÂN CHỨNG _____

Đây là một chương trình dành cho tất cả mọi người. Nếu bạn cảm thấy bị kỳ thị vì lý do chủng tộc, màu da, quốc gia xuất xứ, tuổi tác, phái tính hay tật nguyền, hãy viết thư ngay đến Secretary of Agriculture, Washington, D.D. 20250.

NOME _____ WIC # _____

SEUS DIREITOS E RESPONSABILIDADES COMO PARTICIPANTE DO WIC

SEUS DIREITOS:

1. Uma mulher gravida é certificada no programa até 6 semanas depois do bébé nascer. Uma mulher que já teve o bébé ou está a amamentar; um bébé ou uma criançã (até aos 5 anos) é certificada por 6 meses.

2. Receberá alimentos do WIC, educaçaõ e consultas sobre nutrição.

3. Pode contar com um abastecimento adequado de alimentos do WIC e amável atenção nas lojas e leiterias aprovadas por WIC. Deve participar ao seu programa local de WIC quaisquer problemas que tiver nessas lojas ou leiterias. (Não é necessário revelar o seu nome).

4. O programa local de WIC fará acessível ou informar-lhe-à de serviços públicos de saúde. É encorajada a participar nesses serviços públicos.

5. Será informada pelo WIC das regras do programa quando for certificada.

6. Os critérios para participação no programa são os mesmos para todos sem consideraçao de raça, côr, origem nacional, idade, sexo, ou desvantagems.

7. Se for terminada por qualquer razão do programa WIC, será notificada pelo menos 15 dias antes da terminação. Será informada da razão e avisada do seu direito a uma audiencia.

8. Pode reaplicar se for terminada do programa.

9. Pode apelar qualquer decisão feita pelo programa local de WIC com respeito à sua qualificação. O seu programa local de WIC ou a Secretaria do Estado De WIC (617-727-6876) ajudar-lhe-à a requerer uma audiencia.

SUAS RESPONSABILIDADES:

1. Os talões têm de ser usados em acordo com as instrucções dadas pelos empregados do programa. Se não observar essas instrucções pode ser terminada do programa.

2. Se não adquirir os seus talões durante dois meses seguidos será terminada do programa.

3. Sẽ não tiver possibilidade de observar seu apontamento, telefone e marque novo horário.

4. Se está gravida, deve notificar o seu programa WIC o mais cedo possível depois do bébé nascer.

5. No fim do seu periodo de certificação, terá de marcar novo apontamento se quiser reaplicar para o programa.

6. Tem de informar o programa local de WIC de qualquer mudança de endereço e telefone.

7. Tem de fornecer verificação corrente do salário total da família.

8. Não pode participar em mais do que um programa WIC ao mesmo tempo.

Eu fui informada dos meus direitos e responsabilidades sob o programa. Eu atesto que a informação apresentada para a minha qualificação é correcta e de sã consciencia. Oficiais do programa podem verificar a informação que eu dei. Eu compreendo que informação falsa pode sujeitar-me a prosseguimento civil ou criminal sob as leis do Estado ou federais.

Eu compreendo que a minha ficha do WIC ou da minha família é confidencial. Todavia, eu dou permissão destas fichas serem libertadas sobre as seguintes razões:

1. Audiencias do governo federal e do Estado (o nome do participante é retido)
2. Transferido para outro programa WIC.
3. Em requerimento do meu provedor de saúde publica (médico).

Todas as outras pessoas à procura de informação devem primeiro obter permissão minha por escrito.

DATA _____ ASSINATURA _____ TESTEMUNHA _____

DATA _____ ASSINATURA _____ TESTEMUNHA _____

DATA _____ ASSINATURA _____ TESTEMUNHA _____

Este é um Programa de Oportunidade Igual. Se acredita ter sido descreminada por causa de ráça, côr, origem naciona, idade, sexo, ou desvantagems, escreva imediatamente ao Secretary of Agriculture, Washington, D.C. 20250.

"YOUR RIGHTS AND RESPONSIBILITIES AS A WIC PARTICIPANTS"

WIC Form #12 - Portuguese

姓名：　　WIC號碼

營養卷領用人的權利與義務

你的權利：

1. 懷孕婦人有權參加這計劃至嬰兒出生後六個星期為止。而產後或餵人奶的婦人和嬰兒(及至五歲)則可參加這計劃達六個月。
2. 你會接受WIC食物和營養指導及教育。
3. 你可在WIC認可的士多及牛奶公司得你所需要的食物供應，如果你在領取供應品時發生問題，請通知本地的WIC辦事處。(在報告這些問題時，你不必道出你的姓名)
4. 在需要時，你區內的WIC辦事處會介紹你到該區的診所接受医療服務，他們會鼓勵你盡量利用這些服務。
5. 當你獲批準參加營養計劃後，工作人員會向你解釋有關這區內WIC計劃的規則。
6. 任何人仕不分種族、膚色、國藉、年齡、性別或有傷殘的人仕，均有權申請參加。
7. 如果你因某種理由而被停止參加營養計劃，你應在停止前十五天收到預先通知，該通知書會列出取消你的參加資格的理由及聲名你有上訴的權利。
8. 如果你被取消參加營養計劃後，你仍可以重新申請。
9. 如果你对区內WIC辦事處对你參加資格的審定有任何異議，你可以隨上訴，你区內的WIC及省WIC辦事處(617-727-6870)會協助你申請公平的聆訊。

你的義務：

1. 你必須遵照WIC工作人員的(書面或口述)指導来使用營養卷，若你不遵照指導，你會喪失參加資格。
2. 如你連續兩個月沒有按時領取營養卷，你將喪失參加資格。
3. 如果你不能在約定時間與WIC辦事人會面，請打電話更改預約時間。

4 如果你是懷孕的話，當你的嬰兒出世後，你必須盡早通知 WIC 辦事處。
5 如果你想在期滿後重新申請參加這計劃，你必須先預約時間，和 WIC 辦事處人會面。
6 如果電話又地址有改變，請通知区內 WIC 辦事處。
7 你必須用實際的證據來證明你填報的家庭統收入。
8 你不能同時參加一個以上的營養計劃。

有關方面已向本人解釋過參加營養計劃的權利又義務。本人在此證明，盡本人所知，申請時所填報的資料一切屬實。WIC 工作人員有權調查又核对我所填報的一切資料，本人明白故意歪曲事實是觸犯联邦又省法律，並會引致民事或刑事訴訟。

本人明白 WIC 辦事處會將我又我家庭的檔案記錄嚴格保密，但本人同意在下列的特殊情況下，將檔案供給有關人員參考。

1) 省政府給联邦政府核數（刪去檔案內所有姓名）
2) 當本人的 WIC 營養計劃轉往別区
3) 當供給本人健康護理服務机構需要我的 WIC 檔案。

除上述三種情況下，任何人士欲參閱本人的 WIC 檔案，必須先獲得本人的書面同意。

日期：_____ 簽署：_____ 証人：_____
日期：_____ 簽署：_____ 証人：_____
日期：_____ 簽署：_____ 証人：_____
日期：_____ 簽署：_____ 証人：_____

NOM _____ WIC #_____

DROITS ET RESPONSABILITÊS DES PARTICIPANTS DU PROGRAMME WIC

DROITS:

1) La femme en grossesse est qualifiée en qualité de membre (du WIC) jusqu'à la sixième semaine qui suit l'accouchement. Celles qui allaitent leur bébé (jusqu'à l'âge de cinq ans) y sont admises pour une période de six mois.

2. Nous devons vous procurer non seulement de la nourriture mais aussi une assistance d'éducation nutritive.

3. Vous pouvez acheter à quantité satisfaisante tout ce dont vous avez besoin dans les centres d'achat ou dans les petits "stores" détaillants approuvés par nos bureaux. S'il y a problème, n'hésitez pas de nous en informer. (Vous n'avez pas à leur donner votre nom).

4. Nos bureaux vous informeront des services de santé disponibles et indispensables à votre bien-être.

5. Les informations concernant les réglémentations de votre bureau local vous seront également données.

6. Les conditions de participation sont les mêmes pour tout le monde, sans aucune considération quant à votre race, la couleur de votre peau, votre nationalité, votre âge, votre sexe ou votre infirmité.

7. Si pour quelque raison votre participation est revoquée, on vous doit non seulement une notification préalable deux semaine avant l'échéance de la révocation mais surtout les raisons de la décision et le droit que vous avez de vous en faire entendre.

8. Vous pouvez toujours réintégrer le programme même après la révocation.

9. Si pour quelque raison votre demande d'adhésion est repoussée, vous avez le droit de faire appel. Le bureau local ou le bureau central (617 - 727-6876) sont obligés de vous rencontrer pour discuter le cas.

RESPONSABILITÈS:

1. Les bons d'alimentation doivent être utilisés conformément aux réglémentations de l'administration. Toute infraction peut vous couter votre participation au programme.

2. Si vous laissez passer deux mois de suite sans venir prendre vos bons d'achat, vous serez revoqué(e) du programme.

3. Si pour quelque raison vous ne pouvez pas honnorer vos rendez-vous, veuillez nous téléphoner pour les replacer.

4. Si vous attendez un enfant, faites-nous le savoir aussitôt que le bébé est né.

5. Si à la fin de ce présent enrôlement vous décidez de continuer le programme, vous devez placer un rendez-vous avec nous pour le discuter.

6. Informez le bureau local de tout changement d'adresse et de téléphone.

7. L'obligation vous est faite de nous présenter la preuve du revenu total de votre foyer.

8. Il est interdit de participer à plus d'un WIC programme à la fois.

Je suis avisé(e) de mes droits et responsabilités touchant le WIC programme. Je certifie que les informations que je donne pour mon admission sont, autant que je sache, correctes. Le personnel administratif peut toujours en vérifier la véracité. Je comprends que toute fausse information delibérée constitue une infraction pouvant me faire encourir la poursuite judiciaire (civile ou criminelle) selon les législations en vigueur.

Je comprends que les dossiers touchant la participation de ma famille sont confidentiels; je donne, toutefois, l'autorisation de les ouvrir pour seulement les raisons suivantes:

1) Les enquètes de l'Etat (sans le nom des concernés).
2) Transfert dans un autre WIC programme.
3) Pour les besoins de ma santé.

Toute autre personne voulant les informations données doit au préalable avoir mon consentement par écrit.

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

DATE _____ SIGNATURE _____ TÉMOIN(S) _____

*N.B.--Ce programme est ouvert à tout le monde. Si vous avez des raisons de penser que vous avez été indûment traité(e) à cause de votre race, de la couleur de votre peau, de votre nationalité, de votre âge, de votre sexe ou bien parce que vous êtes infirme, n'hésitez pas d'écrire au SECRETARY OF ARICULTURE, WASHINGTON, D.C. 20250

WIC BENEFITS

APPLICANTS WHO ARE CERTIFIED AS PARTICIPANTS RECEIVE WIC BENEFITS. WIC BENEFITS ARE VOUCHERS FOR SUPPLEMENTAL FOODS, NUTRIITION EDUCATION AND REFERRALS.

SUPPLEMENTAL FOODS

WIC SUPPLEMENTAL FOODS ARE CHOSEN BECAUSE THEY CONTAIN SPECIFIC NUTRIENTS NEEDED BY THE WIC TARGET POPULATION.

SUPPLEMENTAL FOODS ARE PROVIDED TO WIC PARTICIPANTS THROUGH THE USE OF VOUCHERS

VOUCHERS ARE REDEEMED AT WIC STORES WHERE A PARTICIPANT EXCHANGES THE VOUCHER FOR THE SPECIFIC NUTRITIOUS FOOD(S) LISTED ON THE VOUCHER.

WIC FOODS

FEDERAL REGULATION ALLOWS STATE WIC PROGRAMS TO SET MORE SPECIFIC STANDARDS FOR WIC-ALLOWABLE FOODS.

IN MASSACHUSETTS, EXCEPTIONS TO THE FEDERAL REGULATIONS ARE VOTED ON AT STATEWIDE NUTRITIONISTS MEETINGS.

The following chart lists the federal requirements for WIC foods, and the Massachusetts requirements.

	FEDERAL REGULATION	STATE REGULATION
FORMULA	o 10 mg of iron per liter (7.8 mg of iron per oz) o 20 kcal per fluid oz	Same as Federal regulations
INFANT CEREAL	o 45 mg of iron per 100 g dry cereal (12.8 mg of iron per oz) o No cereal/fruit or cereal/formula combinations	Same as Federal regulations
INFANT JUICE	o 30 mg of vitamin C per 100 ml	Same as Federal regulations
ADULT CEREAL	o 28 mg of iron per 100 g dry cereal	Same as Federal regulations
	o Not more than 6 g of sucrose per oz	Not more than 4 g of sucrose per oz No cereals containing aspartame
JUICE (single strength)	o 30 mg of vitamin C per 100 ml	Same as Federal regulations 100% fruit juice No juice in cans
JUICE (frozen)	o 30 mg of vitamin C per 100 ml, reconstituted	100% fruit juice
MILK (WHOLE)	o 400 I.U. vitamin D per qt o Pasteurized milk o No flavored milk	Same as Federal regulations

	FEDERAL REGULATION	STATE REGULATION
MILK (skim, lowfat, buttermilk)	o 400 I.U. vitamin D per qt o 2000 I.U. vitamin A per qt o Pasteurized milk o No flavored milk	Same as Federal regulations No buttermilk
EVAPORATED OR DRY MILK (whole)	o 400 I.U. vitamin D per qt	Same as Federal regulations
EVAPORATED OR DRY MILK (skim)	o 2000 I.U. vitamin A per qt o 400 I.U. vitamin D per qt	Same as Federal regulations
PEANUT BUTTER	o No Federal standards	No peanut butter/jelly or peanut butter/marshmallow combinations
DRIED BEANS OR PEAS	o No Federal standards	Packaged in bags only
EGGS	o Eggs or dried egg mix	Large - Grade A No dried egg mix
CHEESE	o Domestic cheese only	Same as Federal regulations
	o No cheese product or cheese foods	No cheese food, cheese food spr Deli or prepackaged cheese, allowable

KEY

g = gram

I.U. = International units

Kcal = Kilocalories

mg = milligrams

mls = milliliters

oz = ounce

qt = quart

CHOOSING THE FOOD PACKAGE

THE COMPETENT PROFESSIONAL AUTHORITY (CPA) CHOOSES THE APPROPRIATE FOOD PACKAGE AFTER TAKING A DIETARY INTAKE AND DISCUSSING A PARTICIPANT'S FOOD PREFERENCES.

The computerized voucher system allows the CPA to tailor the standard food package by varying the type and quantity of milk products in the children's and women's packages. The participant may choose among whole, low-fat or skim milk, powdered milk, evaporated milk, or cheese. For infants who are not breastfed, a variety of combinations of iron-fortified formula, non-iron fortified formula, infant juice and infant cereal is available.

Food package tables are found in Part V, Sections A.2a(1) through A.2a(4).

SPECIAL PRESCRIPTION FORMULAS

IF A PARTICIPANT REQUIRES A SPECIAL PRESCRIPTION FORMULA OR NON-IRON FORMULA, A WRITTEN REQUEST FROM THE PARTICIPANT'S PHYSICIAN MUST BE ON FILE IN THE PARTICIPANT'S RECORD.

Formulas Provided By Massachusetts WIC

The complete listing of formulas available from the Massachusetts WIC Program is found in Part V, Section A.2a(4) of this Procedure Manual. When a participant needs a special formula, follow this procedure:

1. Determine the pharmacy where they will buy their formula.

2. Call the pharmacy and notify the manager (or pharmacist) what formula is needed and in what quantities. Give the manager the participant's name.

3. If the formula is not currently in stock, find out when it will be available.

   NOTE: Vendor contracts with pharmacies stipulate that prescription formula will be made available to the participant within 2 business days from the time of the order.

4. Inform the manager (if applicable) that the vouchers must be sent directly to the following address for reimbursement:

   State WIC Office
   Attn: Lucy Costa
   150 Tremont St., 3rd Floor
   Boston, MA. 02116

   Remind the manager to use the vendor stamp before sending the vouchers, and to enclose the store name and mailing address. Reimbursements will be made in a timely manner.

Reminder: If an infant receiving a special prescription formula requires infant cereal and juice, write out a voucher #07.

If a child or woman receiving a special prescription formula requires adult cereal and juice, write out a voucher #09 and #10.

Formulas Reimbursed by Medicaid

Chapter 655 of the Medicaid Acts of 1983 provides for third party reimbursement for special medical formulas which are approved by the Commissioner of Public Health and prescribed by a physician for the treatment of certain inborn errors of metabolism. In accordance with this statute, the following formulas have been approved for the treatment of the following conditions:

CONDITION	FORMULAS	MANUFACTURER
PKU/MATERNAL PKU	Lonenalac	Mead Johnson
	Phenyl Free	Mead Johnson
	PKU-1	Milupa
	PKU-2	Milupa
	PKU-3	Milupa
	Maxamaid XP	Scientific Hospital Supplies
	Maxamum	Scientific Hospital Supplies
TYROSINEMIA/TYROSINOSIS	3200 AB	Mead Johnson
	TYR	Milupa
PROPIONIC ACIDEMIA	OS-1	Milupa
METHYLMALONIC ACIDEMIA	OS-2	Milupa
HOMOCYSTINURIA	3200 K	Mead Johnson
	Hom	Milupa
MAPLE SYRUP URINE DISEASE	MSUD Powder	Mead Johnson
	MSUD	Milupa

Requests for Medicaid coverage of special formulas for infants and children can be made to the Pharmacy Program at the Medical Division of the Department of Public Welfare. The request for "prior approval" coverage of special formulas should precede the provision of special formula from the WIC Program. The procedure for obtaining "prior approval" for payment of formula is as follows:

1. The patient's physician writes a letter to the Pharmacy Program using his/her own or the hospital's letterhead, requesting approval for payment of formula. The letter must include:

   - the patient's name, address, and Medicaid cardholder number
   - a diagnosis and statement of medical necessity
   - the name of the product prescribed and the unit size to be obtained.

2. The letter should be sent to:

   Pharmacy Program - Prior Approvals
   Medical Division, Room 740
   Department of Public Welfare
   600 Washington Street
   Boston, MA 02111

3. When the Pharmacy Program approves coverage of the formula a letter is sent to the physician noting the date of issue and the date of expiration. The prescription is usually good for up to five refills or for a duration of six months, whichever comes first. A special billing number given in the approval letter needs to be included on the prescription written by the physician. The client must then present the prescription and her Medicaid card to the local pharmacy to obtain the formula.

Special Milk Products

Lact-Aid (lactose reduced milk) may be issued by the CPA when the Medical Referral Form indicates lactose intolerance or when discussion during the nutrition assessment reveals gastrointestinal disturbances with milk ingestion. The reason for issuance must be documented in the assessment and SOAP note.

ISSUING VOUCHERS TO NEW PARTICIPANTS

NEW PARTICIPANTS ARE ENTITLED TO RECEIVE FOOD VOUCHERS ON THE SAME DAY THAT YOU COMPLETE THEIR CERTIFICATION FOR THE WIC PROGRAM.

SET UP YOUR CERTIFICATION PROCEDURES SO YOU CAN PROVIDE VOUCHERS TO A NEW PARTICIPANT IMMEDIATELY AFTER YOU HAVE COMPLETED HER/HIS CERTIFICATION.

You must have completed a certification for a person before issuing her/him vouchers.

Until you enter the information on a new WIC participant into the computer, and until the computer prints out the correct food vouchers, you will need to use manual issue vouchers.

The first set of vouchers for a participant will be manual issue vouchers. The subsequent set of vouchers may be either manual or computer-generated.

If you enroll a new participant before the month's deadline for computer input, the participant will usually receive computer-generated vouchers the next month.

If you enroll a new participant after the "cut-off" date for computer input, you will have to manually issue the following month's set of vouchers.

ASSIGNING PARTICIPANT IDENTIFICATION NUMBERS

YOU MUST ASSIGN EACH WIC PARTICPANT WITH A UNIQUE SEVEN-DIGIT IDENTIFICATION NUMBER.

WHEN YOU INITIALLY ASSIGN IDENTIFICATION NUMBERS, DO NOT ADD AN EIGHTH DIGIT TO THEM.

The WIC participant identification number must be seven-digits long. The WIC computer system will automatically add an eighth digit to the end of your seven-digit number.

Some possibilities for assigning identification numbers include:

- If you are in a health center, using a participant's medical record number (up to seven digits)
- Starting with the number 0000001 and continue sequentially
- Starting with the site code for the location where the participant picks up vouchers
- Using the first five digits of the number to identify the family, and then the last two digits to identify which member of the family the participant is (for example, using the last two digits of 00 to identify a mother, 01 for the oldest child, 02 for the next, and so on)

You must also design a system to identify whether you have already used an identification number. YOU MAY NOT HAVE TWO PARTICIPANTS ACTIVE ON YOUR PROGRAM AT THE SAME TIME WITH THE SAME SEVEN-DIGIT IDENTIFICATION NUMBER.

Use your "Recipient Listing in Recipient I.D. Number Order" report to see which numbers you currently have active on your program. See Part V, Section A.3b(2a) of this Procedure Manual for information on using this report. (Note: Part V is the Voucher System Manual.)

Some methods for monitoring your distribution of identification numbers are:

- List a number as you use it and write next to it the name of the participant to whom you have given the number
- Type a list of identification numbers and cross off a number as you use it (remember to keep only one master list of numbers so that you do not duplicate identification numbers)
- Type identification numbers on labels and peel them off to place on participant files as you use them sequentially

PREPARING AND DISTRIBUTING MANUAL VOUCHERS

1. ASSIGN EACH NEW PARTICIPANT WITH A UNIQUE WIC IDENTIFICATION NUMBER.

2. RECORD RELEASE OF VOUCHERS FROM INVENTORY ON THE MANUAL VOUCHER LOG.

3. CODE EACH VOUCHER WITH:

   a. Participant's identification number
   b. Participant's name
   c. Local WIC Program code and site number (see Part V, Section A.3a(4a) for listing)
   d. Date that the program is issuing the vouchers

4. ENTER THIS INFORMATION ONTO THE MANUAL VOUCHER COMPUTER INPUT FORM.

5. THE PARTICIPANT (OR AUTHORIZED REPRESENTATIVE) MUST SIGN THE LEFT SIDE OF THE VOUCHER WHERE IT SAYS "SIGNATURE" WHILE IN THE WIC OFFICE.

6. TO VALIDATE THE VOUCHER, YOU MUST STAMP IT WITH THE RED "MASS. WIC PROGRAM" VALIDATING STAMP IN THE BOX THAT SAYS "NOT VALID WITHOUT WIC PROGRAM STAMP".

7. AS A RECEIPT FOR THE VOUCHERS, THE PARTICIPANT OR AUTHORIZED REPRESENTATIVE MUST SIGN THE MANUAL VOUCHER INPUT FORM.

8. AT LEAST ONCE A WEEK, SEND THE ORIGINALS OF THESE FORMS TO THE STATE WIC OFFICE.

9. YOU MUST KEEP THIS SIGNED COPY OF THE COMPUTER INPUT FORM AS A VOUCHER RECEIPT AND AS PART OF YOUR MANUAL VOUCHER REGISTER FOR 3½ YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

10. RECORD DISTRIBUTION OF VOUCHERS ON THE MANUAL VOUCHER LOG.

NOTE: If the initial certification date and the voucher pick-up date are different, you may issue enough food vouchers to the participant at initial certification to last her/him until s/he is on a regular voucher schedule. See Part V, Section 2c(6c) for more information on combining manual voucher packages.

For more detailed instructions on manual vouchers, see Part V, Section 2c of this Procedure Manual.

NUTRITION CARE

A PARTICIPANT RECEIVES NUTRITION EDUCATION AND COUNSELING THAT IS APPROPRIATE TO THEIR CULTURAL PREFERENCES AND THAT BEAR A PRACTICAL RELATIONSHIP TO THEIR NUTRITIONAL NEEDS AND ECONOMIC SITUATION.

NUTRITION CARE IS PROVIDED AT NO COST TO THE PARTICIPANT.

INDIVIDUAL PARTICIPANTS MAY NOT BE DENIED SUPPLEMENTAL FOODS FOR FAILURE TO ATTEND OR PARTICIPATE IN NUTRITION EDUCATION ACTIVITIES.

NUTRITION CARE PLAN

A CARE PLAN IS A SUMMARY OF THE NUTRITION ASSESSMENT APPOINTMENT

The care plan:

1. describes the participant's nutritional and health status
2. notes any existing health problems or concerns
3. describes the details of the interview
4. notes the plan for behavior changes mutually agreed on by the participant/caretaker and the interviewer

A care plan must be written in the "SOAP" format. This format was originally designed for hospital records to promote consistency and provide a means of communication for all health providers. Each component of the SOAP is important:

S = Subjective--what the client expresses herself, either quoted directly or paraphrased, e.g. "I have morning sickness every day".

O = Objective--lab work, e.g. hematocrit or hemoglobin values, anthropometric measurements, e.g. height, weight and growth chart percentiles.

A = Assessment--the CPA's assessment of the participant including identified risk factors. e.g., A primipara with adequate weight gain, low hct, diet low in fruits and vegetables, interested in breastfeeding.

P = Plan--what will happen next, including changes to which the participant agrees; provision of nutrition education materials; follow-up appointment; referrals. Plan may also include a summary of that interview, e.g. "discussed prenatal diet, preparation for breastfeeding. Follow-up one month".

Part of a complete WIC care plan includes appropriate referrals that the CPA feels would be helpful or that the participant requests. Such referrals might include medical care, social services, AFDC, medicaid, food stamps, EFNEP, day care, early intervention.

When participants are certified in groups, "Group Cert" can be written in the subjective section. Subjective information pertinent to that individual may be included in the "S" section but is not mandatory.

NUTRITION EDUCATION

AT LEAST TWO NUTRITION EDUCATION CONTACTS MUST BE MADE AVAILABLE TO EACH PARTICIPANT OR HER/HIS PARENTS. THE INITIAL CERTIFICATION IS THE FIRST CONTACT. THE SECOND CONTACT IS CALLED FOLLOW-UP.

NUTRITION EDUCATION INCLUDES ALL THE LEARNING AND TEACHING ACTIVITIES THAT TAKE PLACE BETWEEN THE PARTICIPANT AND THE WIC NUTRITION STAFF

Nutrition education is an integral part of the WIC program and should be provided to all participants or caretakers. Two nutrition education contacts must be provided and documented for each participant during a certification period. However, participants are not obliged to participate in nutrition education activities in order to receive food vouchers.

The purpose of nutrition education is to:

- emphasize the relationship between nutrition and good health
- improve the nutritional status of WIC participants by enabling them to make informed choices regarding food purchasing, preparation and eating habits.

Nutrition education provided to the participant should be relate to their nutritional status, cultural preferences, and household resources. It may be provided at various times during a certification period - at the initial certification and at follow-up appointments, and by a variety of techniques.

Individual nutrition education may be provided during one-to-one certification or follow-up sessions between the participant and WIC nutrition counselor. Education and instruction should be client-centered, i.e., meet the individual's specific needs and help the participant or parent set goals for making positive changes in their eating habits.

Group sessions are another way to provide nutrition education to participants. Education and instruction can be tailored to meet the group's needs, e.g. a group of pregnant women who want to breastfeed. The group nutrition education format allows the nutrition counselor to reach more participants at once, and more importantly creates a forum for participants to share their experiences. Group nutrition education sessions should include activities which allow for maximum interaction and feedback by the participant.

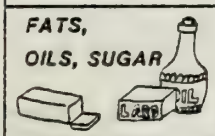
Nutrition education does not have to be provided by WIC nutrition staff. If the participant is affiliated with a nutrition education program in the health center or clinic, every attempt should be made to coordinate and complement rather than duplicate the nutrition education the participant receives.

Handouts, newsletters, bulletin boards, and posters are appropriate supplements to nutrition education. These materials should appropriately reflect the cultural, ethnic background of participants and provide accurate nutrition information.

DOCUMENTING NUTRITION EDUCATION

Document the nutrition education contact in the participant's record, including the content, the date, and staff initials. If a participant refuses, this must also be documented. No shows must be rescheduled.

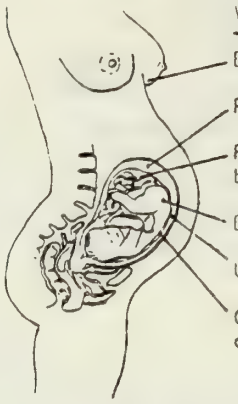
Prenatal Feeding G

FOOD GROUP	FOOD SOURCES	SERVING SIZE	NUMBER OF SERVINGS PER DAY	MAJOR NUTRIENTS	WHY?
PROTEIN FOODS	Poultry, lean meat, fish, liver	2 oz.	3 *	Protein Iron	Protein is the basic building material for the growth of your baby. Iron helps build healthy blood.
	Eggs	2			
	Dried peas, beans, lentils	½ cup cooked			
	Nuts and seeds	½ cup			
	Peanut butter	4 Tbs.			
	Tofu (soybean curd)	5 oz.			
	Cottage cheese	½ cup			
MILK and MILK PRODUCTS	Whole, lowfat, skim milk (8oz)	1 cup	4 *	Calcium Protein	Calcium helps build strong bones and teeth.
	Evaporated or nonfat dry milk (mixed with water)	1 cup			
	Cheese	1½-2 oz.			
	Yogurt	1 cup			
	Ice cream	1½ cup			
BREADS and CEREALS (whole grain/ enriched)	Bread	1 slice	4	Iron B-Vitamins Carbohydrates Fiber	Carbohydrates and B-vitamins provide you with energy and help your body work properly.
	Cereal, rice, macaroni, spaghetti, noodles, cooked	½ cup			
	Cereal, ready to eat	3/4 cup			
	Rolls, buns, bagels, muffins	½			
	Pancakes	1 medium			
	Corn or flour tortilla	1			
	Crackers	5			
VITAMIN C- RICH FRUITS and VEGETABLES	Orange	1	1	Vitamin C Fiber	Vitamin C keeps gums healthy and helps your body use iron. Fiber helps prevent constipation.
	Orange, grapefruit juice	½ cup			
	Grapefruit	½			
	Strawberries	½ cup			
	Cantaloupe	½ medium			
	Papaya	1 cup			
	Broccoli	1 stalk			
	Cabbage	½ cup			
	Tomato	1			
	Tomato juice	1 cup			
	Peppers	½ medium			
	Baked potato	1 medium			
VITAMIN A- RICH DARK GREEN VEGETABLES **DEEP YELLOW VEGETABLES**	Spinach, collards, kale, mustard greens	½ cup	1	Vitamin A Fiber	Vitamin A keeps eyes and skin healthy.
	Bok choy, swiss chard	½ cup			
	Broccoli	2 stalks			
	Carrots	1 cup			
	Winter squash	1 cup			
	Sweet potato	1 small			
	Cantaloupe	½ melon			
OTHER FRUITS and VEGETABLES	Cucumber Corn, green beans, peas Lettuce Apple Applesauce Banana Grapes Plums	½ cup or 1 small piece	2	Other vitamins and minerals	All fruits and vegetables provide other vitamins and minerals to make the body work properly.
FATS, OILS, SUGAR 	Mayonnaise, butter, margarine, salad dressing, lard, candy, pastry, cookies, chips, Kool-aid, soda (tonic), fruit punch		TO BE USED IN LIMITED AMOUNTS		These foods are high in calories, sugar, fat and salt.

WATER AND OTHER LIQUIDS: Drink 6 to 8 glasses every day.

* Pregnant teenagers should add one more serving of protein foods and one more serving of milk products to the above recommendations per day.

WEIGHT GAIN FOR YOU AND YOUR BABY

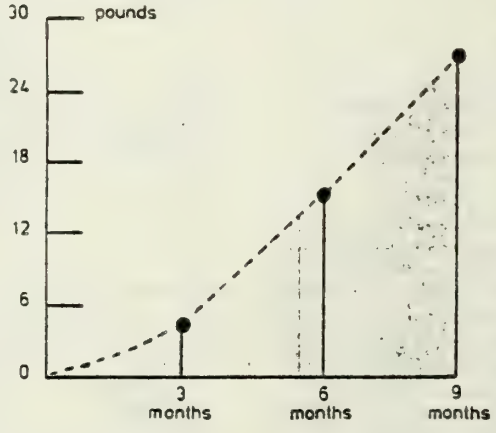


Where the weight goes	
Breasts	1 lb.
Placenta	1.4 lbs.
Fluids & blood volume	8.3 lbs.
Baby	7.5 lbs.
Uterus	2.1 lbs.
Other body changes	7.2 lbs.
	27.5 lbs.

The amount of weight you should gain depends on your weight before you were pregnant. If you were underweight, you should gain more. If you were overweight, you should gain less but you still need to gain some weight for the health of your baby. Check with your nutritionist or health care provider for the appropriate weight gain for you.

PATTERN OF GAIN

For the first three months, you should gain about 2 to 4 pounds. During the last six months, you should gain about 1 pound per week.



Your unborn baby is NOT protected from cigarettes, alcohol and drugs. Don't force your baby to smoke, drink or take drugs. Treat your unborn baby as you would a newborn - with care!

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- before getting out of bed, have plain toast or crackers and then get up slowly
- eat when you feel hungry, try 5 or 6 small meals rather than 2 or 3 large meals
- eat slowly
- avoid greasy, fried or spicy foods
- drink fluids between meals rather than with meals
- drink a small amount of 100% fruit juice

If severe vomiting continues, see your physician.

CONSTIPATION

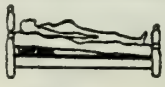
Constipation sometimes occurs during pregnancy. Some suggestions for relief:

- eat high fiber foods such as: fresh fruits, vegetables, whole grain bread and cereals with bran, and beans such as kidney or pinto
- drink plenty of fluids; water and 100% fruit juices
- increase your activity - such as walking

HEARTBURN

Heartburn may occur as the baby grows and pushes on the stomach. Some suggestions for relief:

- eat small, frequent meals
- decrease coffee and tonic
- avoid taking antacids - try plain crackers between meals
- avoid bothersome foods (fried, fatty, spicy foods, coffee and tonic)
- eat 2-3 hours before bed rather than immediately before bedtime
- sleep in elevated position



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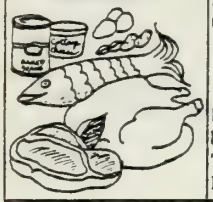
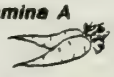
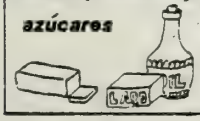
GUIA DE ALIMENTACION PRE

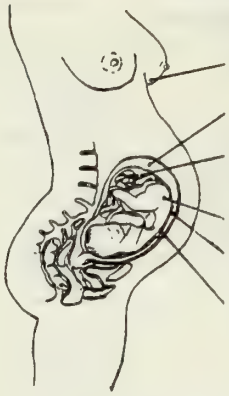
GRUPO DE ALIMENTOS	FUENTE DE ALIMENTO	TAMAÑO DEL PORCIONES	# DE SERVICIOS AL DIA	NUTRIENTE PRINCIPALES	¿POR QUE?
Alimentos proteícos 	Pollo, carne sin grasa, hígado, pescado Huevos Granos, Gandules, frijoles (habichuelas) Nueces y semillas Mantequilla de maní Tofu ("soybean curd") Requesón	2 oz 2 ½ taza cocidos ½ taza 4 cdas 5 oz ½ taza	3*	Proteína Hierro	La proteína es el material básico de crecimiento del bebé. El hierro ayuda mantener la sangre saludable.
Leche y sus productos	Leche íntegra, baja en grasa, sin grasa (8 oz) Leche evaporada o en polvo sin grasa (mezclada con agua) Queso Yogurt Mantecado	1 taza 1 taza 1½-2 oz 1 taza 1½ taza	4*	Calcio Proteína	El calcio ayuda a construir dientes y huesos sanos.
Panes y cereales (grano entero) enriquecido	Pan Cereal, arroz, "spaghetti", macarrones, fideos, (cocidos) Cereal listo para comer "Muffin", "Bagels", Panecillos "Pancakes" Tortilla de maíz o harina Galletas	1 rueda ½ taza 3/4 taza ½ 1 mediano 1 5	4	Hierro Vitaminas B Carbohidratos Fibra	Los carbohidratos y las vitaminas B le proveen energía y ayudan a su cuerpo a funcionar adecuadamente.
Frutas y vegetales ricos en vitamina C	China (naranja) Jugo de China, de toronja Toronja (Pomelo) Fresas ("Strawberries") Melón ("Cantaloupe") Papaya (Lechoza) Brecol ("Broccoli") Repollo Tomate Jugo de Tomate Pimiento verde Papa asada	1 ½ taza ½ ½ taza ½ mediano 1 taza 1 tallo ½ taza 1 1 taza ½ mediano 1 mediana	1	Vitamina C Fibra	La vitamina C mantiene las encias saludables y ayuda al cuerpo a utilizar el hierro. La fibra ayuda a prevenir el estreñimento.
Vegetales ricos en vitamina A  **De color verde y amarillo oscuro**	Espinaca, berza, col rizada, hojas de moztaza Hojas de acelga Brecol ("Broccoli") Zanahorias, calabaza Batata mameya Melón ("Cantaloupe")	½ taza ½ taza 2 tallos 1 taza 1 pequeña ½ melón	1	Vitamina A Fibra	La vitamina A mantiene los ojos y la piel saludables.
Otras frutas y vegetales	Pepinillos Maíz, guisantes, habichuelas tiernas Lechuga Manzana Salsa de Manzana ("Applesauce") Guineo Uvas Ciruelas	½ taza o 1 pedazo pequeño	2	Otras Vitaminas y minerales	Todas las frutas y vegetales proveen otras vitaminas y minerales que hacen que el cuerpo funcione adecuadamente.
Grasas, aceites y azúcares 	Mayonesa, mantequilla, margarina, aderezo para ensalada, manteca, dulces, dulces de repostería, galletas dulces, papitas, refrescos de soda, "Kool-aid", ponches de fruta ("fruit punch")		Deben limitarse		Estas comidas tienen muchas calorías, azúcar, grasa, y sal.

AGUA Y OTROS LIQUIDOS: Beba de 6 a 8 vasos todos los días.

*Las adolescentes embarazadas deben añadir un servicio extra al día al grupo de la leche y al de alimentos proteícos.

Spanish "Prenat

AUMENTO EN PESO

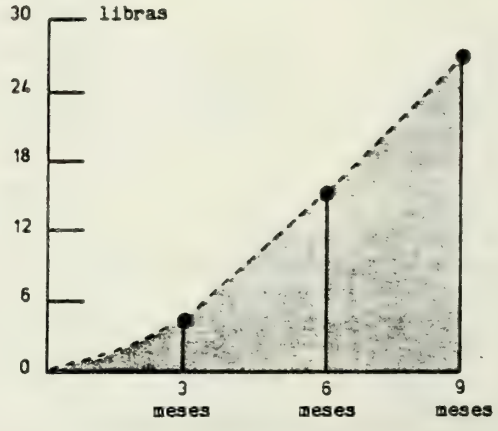


Distribución del peso	
Senos	1 lb.
Placenta	1.4 lbs
Fluidos y volumen de sangre	8.3 lbs
Bebé	7.5 lbs
Utero	2.1 lbs
Otras reservas	7.2 lbs
	27.5 lbs

La cantidad de peso que usted debe ganar depende de su peso antes de estar embarazada. Si estaba bajo peso, debe ganar un poco más. Si estaba sobre peso, debe ganar menos pero siempre debe ganar algo para la salud de su bebé. Chequee con su nutricionista o su médico para que le diga cuanto peso aumentar.

PATRON DE AUMENTO

Los primeros 3 meses debe aumentar 2-4 libras. Los últimos 6 meses, debe aumentar 1 libra por mes.



Su bebé NO está protegido del cigarrillo, alcohol y drogas. No haga que su bebé fume, beba o use drogas antes de nacer. Trate al bebé que está en su vientre como lo haría con un recién nacido... con cuidado!

Este es un programa de igualdad de oportunidades. Si usted cree que ha sido discriminado por su raza, color, nacionalidad, edad, sexo o por que es incapacitado físicamente escriba inmediatamente a: "Secretary of Agriculture, Washington, D.C. 20250."

NUTRITION EDUCATION TASK FORCE
Massachusetts WIC Program WIC FORM # 75

NAUSEAS/VOMITOS

Estos pueden ocurrir en los primeros meses de su embarazo. Para el alivio de éstos le sugerimos que:

- antes de levantarse de la cama, coma una tostada o galletas de soda, y luego se levanta despacio
- coma sólo cuando tiene hambre, trate de comer 5 ó 6 comidas pequeñas en vez de comer 2 ó 3 grandes
- coma despacio
- evite comidas grasosas, fritas o muy sazonadas
- tome líquidos entre comidas en vez de tomar con las comidas
- tome un poco de jugo 100% de fruta

Si continúa con vómitos severos, consulte con su médico.

ESTREÑIMIENTO

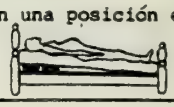
Esto ocurre algunas veces durante su embarazo. Algunas sugerencias para el alivio:

- coma alimentos ricos en fibra como: frutas frescas, vegetales, pan de grano entero, cereales con "bran" y habichuelas (frijoles) especialmente coloradas y blancas
- beba muchos líquidos como agua y jugos 100% de fruta
- aumente su actividad - camine!

ACIDEZ

La acidez estomacal durante el embarazo no ocurre porque el bebé tiene mucho pelo; sino que ocurre porque el bebé crece y empuja el estómago hacia arriba. Le sugerimos que:

- coma pequeñas y frecuentes comidas
- disminuya el consumo de café y sodas
- evite tomar antiácidos - trate de comer galletas de soda entre comidas
- evite comidas que le molesten (fritas, grasosas, muy sazonadas, el café, sodas)
- No coma nada antes de acostarse, su última comida debe ser 2-3 horas antes de acostarse
- duerma en una posición elevada



BEANS

WHY BEANS?

Beans are an excellent source of protein, especially when used with:

- Grains such as rice, corn, oats, barley, wheat, rye.
- Seeds such as sesame, sunflower, pumpkin.
- Dairy products such as milk, cheese, yogurt.
- Small amounts of beef, chicken, and fish.

Beans are a good source of iron and other important vitamins and minerals.

Beans are inexpensive to buy when compared to meats. Meats are also high in protein and iron.

WHAT BEANS TO BUY

With your WIC coupons, you can buy all types and brands of dried peas or beans that are packaged in bags. Large lima beans, green or yellow split peas, lentils, kidney beans, pinto beans and black-eye beans (peas) are some of the many choices.

HOW TO PREPARE BEANS FOR COOKING IN RECIPES

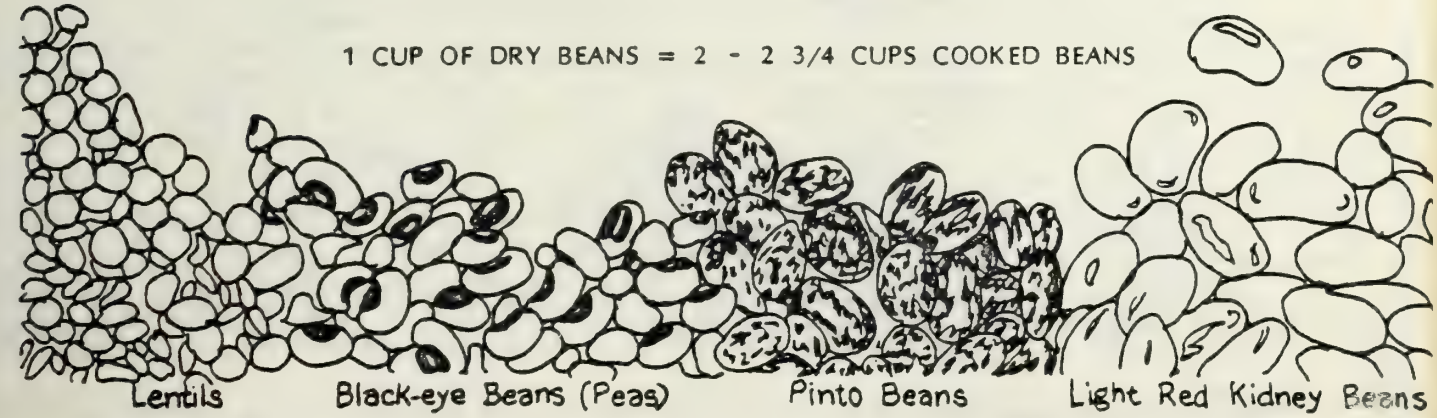
Dried beans and peas should first be rinsed with water, then soaked to cut down the cooking time. (Split peas and lentils don't require soaking.)

* Soak beans overnight, then place them in a pan and boil for 2 minutes. Simmer for 1 hour or 1 hour and a half or until tender. Use as directed in recipe.

-or-

* Boil in water for 2 minutes, remove from heat, simmer 1½ - 2 hours, use as directed in recipe.

1 CUP OF DRY BEANS = 2 - 2 3/4 CUPS COOKED BEANS



RECIPES

GREEK LENTIL SOUP

2 cups uncooked lentils
9 cups water or vegetable stock
1 medium onion, chopped
2 teaspoons vinegar
2 small carrots, chopped
2 cups stewed tomatoes
3 celery stalks, chopped
2 small potatoes, chopped
2 tablespoons corn or safflower oil
2 bay leaves
1 teaspoon salt

Mix all ingredients, except the vinegar, in a soup pot and cook until the lentils are very soft, about one hour. Add vinegar at the end and serve.

8 Servings

CHILI WITH BEANS

4 cups cooked kidney beans
3 medium onions, chopped (2 cups)
2 green peppers, chopped (1 1/3 cups)*
2 stalks celery, chopped (1 cup)
2 cloves garlic, crushed
1 tablespoon vegetable oil
2 tablespoons chili powder
1 1/2 pounds fresh tomatoes
(4 cups, or 1 - 28 ounce can)
1/2 teaspoon salt
1/4 teaspoon pepper
1 cup cooked corn*

*optional

In a large pan, saute the onions, green pepper, celery, and garlic in the oil over low heat until the onions are golden brown. Add the cooked beans, tomatoes, chili powder, salt and pepper. Simmer 15 minutes, or longer for more flavor. Serve on a bed of rice.

(If you want meat chili, brown 1/2 pound or more of chopped meat and add to pan.)

8 Servings

Ask your nutritionist for more recipes with beans.

FIESTA RICE & BEANS

2 cups cooked beans
5 cups cooked rice
2-3 tablespoons vegetable oil
1 large onion, chopped
1-2 carrots, chopped (or other vegetable)
1/2 teaspoon pepper

1 stalk celery, chopped
1 green pepper, chopped
2 tablespoons dried parsley*
2-3 tablespoons dried basil*
1 teaspoon oregano*
2-3 large tomatoes, chopped
1/2 cup grated WIC cheese

*optional

Preheat oven to 350°.

Lightly brown in oil the garlic, onion, carrots, celery, green pepper, parsley, basil and oregano. Add tomatoes, pepper, cooked beans. Combine with rice and cheese. Add more cheese if desired. Place in covered pan and bake at 350° for 15 minutes or until cheese is melted.

8 Servings

GARBANZO BEAN SALAD

4 cups cooked garbanzo beans
2 cups diced potato
1 cup thin sliced carrots
1 large red onion (thinly sliced)
1/4 cup salad oil
1 tablespoon parsley
1/2 cup bottled Italian salad dressing
1 or 2 cloves garlic (crushed)

In large sauce pan cook potato and carrot in 1 inch boiling water, until tender (about 10 minutes). Drain, put in large bowl. Saute onion in oil until soft but not brown. Add to potato and carrot.

Add cooked garbanzo beans to potato mixture. In small bowl, combine dressing, garlic, and mix well. Pour over vegetable mixture. Toss gently until well mixed. Serve warm or refrigerate till well chilled. Sprinkle with chopped parsley.

8 servings

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(FRIJOLES) HABICHUELAS

POR QUÉ HABICHUELAS?

Porque son una fuente excelente de proteína, especialmente cuando se comen con:

- Cereales como arroz, maiz, avena, cebada, trigo, centeno.
- Semillas de ajonjoli girasol, calabaza.
- Productos lacteos como leche, queso y yogurt.
- Pequeñas cantidades de carne, pollo y pescado.

Los frijoles son una buena fuente de hierro y de otras vitaminas y minerales importantes.

Son baratos cuando se compara su precio con el de las carnes. Las carnes tambien son altas en proteinas y hierro.

QUE HABICHUELAS COMPRAR?

Con los cupones de WIC usted puede comprar todos los tipos y marcas de frijoles o guisantes empacados en bolsas. Entre la variedad que puede comprar se encuentran las habichuelas coloradas, blancas, pintas, guisantes, lentejas, garbanzos, entre otros.

COMO PREPARAR LAS HABICHUELAS

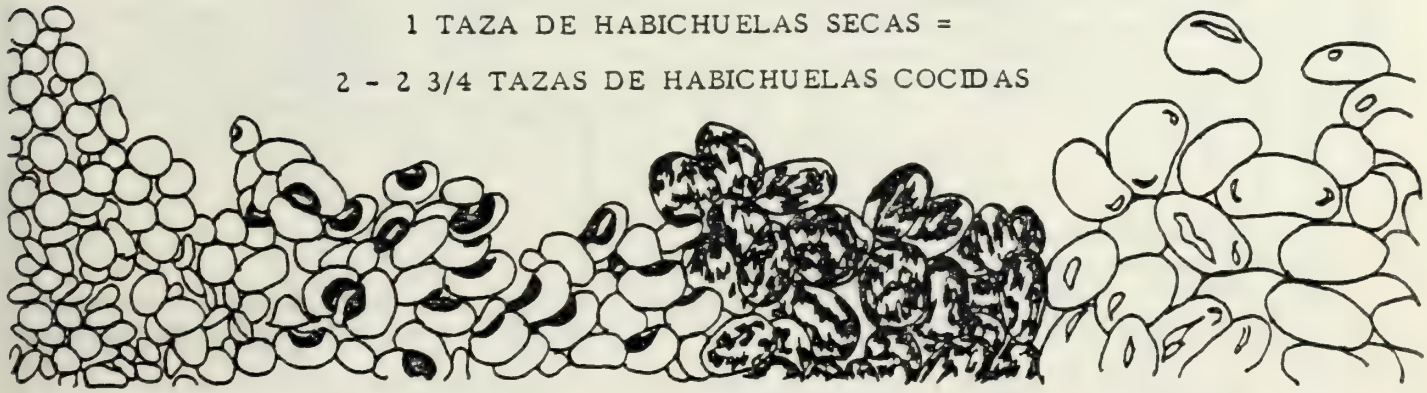
Los frijoles y guisantes deben lavarse con agua y luego remojarse para acortar el tiempo de preparación (las lentejas y los "split peas" no necesitan remojarse).

* Remoje los frijoles desde la noche anterior, luego colóquelos en un caldero y hiérvalas por dos minutos. Déjelas reposar de 1-1½ hora o hasta que se ablanden. Cocínelas como indique la receta.

* Hiérvalas en agua por 2 minutos, retírelas del fuego, déjelas reposar 1½-2 horas; cocinelas como indique la receta.

1 TAZA DE HABICHUELAS SECAS =

2 - 2 3/4 TAZAS DE HABICHUELAS COCIDAS



RECETAS

SOPA GRIEGA DE LENTEJAS

2 tazas de lentejas sin cocinar
9 tazas de agua o caldo de vegetales
1 cebolla mediana, picada en pedacitos
2 cucharaditas de vinagre
2 zanahorias pequeñas, picadas en pedacitos
2 tazas de tomates enlatados
3 tallos de "celery", picados en pedacitos
2 papas pequeñas, picadas en pedacitos
2 cucharadas de aceite de maíz o girasol
2 hojas de laurel
1 cucharada de sal

Mezcle todos los ingredientes, a excepción del vinagre, en un caldero y cocine hasta que las lentejas estén blandas, (más o menos una hora). Añada el vinagre al final y sirva.

(8 porciones)

ARROZ Y HABICHUELAS

2 tazas de habichuelas cocidas
5 tazas de arroz blanco cocido
2-3 cucharadas de aceite vegetal
1 cebolla grande, picada en pedacitos
1-2 zanahorias, picada en pedacitos (o cualquier otro vegetal)
¼ cucharadita de pimienta
1 tallo de "celery", picado en pedacitos
1 pimiento verde, picado en pedacitos
2 cucharadas de perejil (opcional)
1 cucharada de orégano
2-3 tomates grandes, picados en pedacitos
½ taza de queso WIC rallado

Dore ligeramente el ajo, la cebolla, zanahoria, "celery", pimiento verde, perejil, orégano. Añada los tomates, pimienta, habichuelas cocidas. Combine con el arroz y el queso. (Añada más queso si desea.) Colóquelo en un molde y métalo en el horno por 15 minutos o hasta que el queso se derrita. Sirva caliente.

(8 porciones)

Pidale a su nutricionista más recetas utilizando habichuelas.

CHILE C

4 tazas de frij [illegible]
3 cebollas medianas, picadas en pedacitos
2 pimientos verdes, picados en pedacitos
2 tallos de "celery", picados en pedacitos
2 dientes de ajo, machacados
1 cucharada de aceite vegetal
2 cucharadas de polvo de chili
1½ libras de tomates frescos
½ cucharadita de sal
¼ cucharadita de pimienta
1 taza de maíz cocido (optional)

En un sarten grande, sofría las cebollas pimiento verde, "celery", y el ajo a fuego bajo hasta que las cebollas estén doradas. Añada los frijoles, tomates, polvo de chili, sal y pimientos. Deje cocinar lentamente por 15 minutos o más para que coja sabor. Sirva sobre arroz cocinado.

(Si quiere cocine ¼ libra de carne molida y agregue al resto de los ingredientes, así tendrá chili con carne y frijoles).

(8 porciones)

ENSALADA DE GARBANZOS

4 tazas de garbanzos cocidos
2 tazas de papas en cuadritos
1 taza de zanahoria picada en pequeñas rodajas
1 cebolla grande
¼ taza de aceite de ensalada
1 cucharada de perejil
½ taza de aderezo italiano (de la
1-2 dientes de ajo - (machacados)

Hierva las papas y zanahoria en un caldero con una pulgada de agua; hasta que ablanden (10 minutos). Cuélelos y echélos en un recipiente ("bowl") grande. Sofría la cebolla en el aceite hasta que estén blandos pero no dorados agregue a las papas y zanahorias.

Añada los garbanzos a la mezcla de papas. En otro recipiente ("bowl") pequeno, combine el aderezo italiano y el, ajo, y mezcle bien, entonces échelo sobre la mezcla de garbanzos y papas. Sirva caliente o frio. Rocie con perejil.

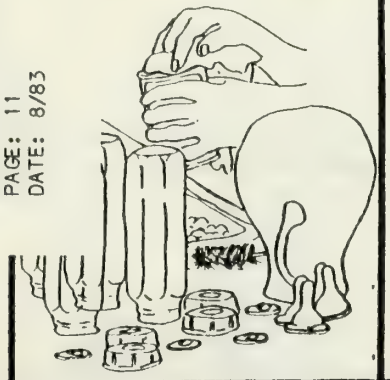
(8 porciones)

Programa de WIC de Massachusetts

Este es un programa de igualdad de oportunidades. Si usted cree que ha sido discriminado por su raza, color, nacionalidad, edad, sexo o por que es incapacitado físicamente escriba inmediatamente a: "Secretary of Agriculture, Washington, D.C. 20250."

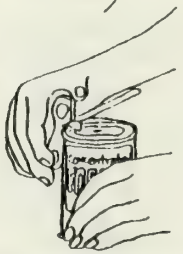
HOW TO PREPARE CONCENTRATED FORMULA

Wash carefully



2. Shake

Open



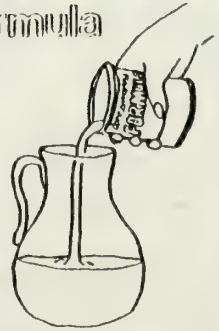
3. Pour formula

4. Boil water 5 minutes

Let cool

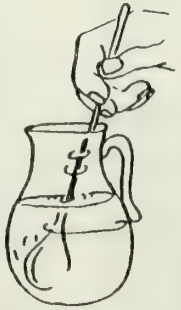
5. Fill can with water

6. Add water to formula

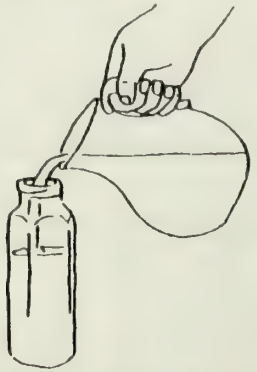


1 can makes 26 ounces

7. Stir

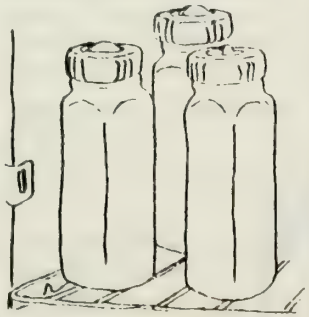


8. Pour into clean bottle



9. Attach clean nipple and nipple cover

10. Store bottles in refrigerator



use within 48 hours

HOW TO PREPARE POWDERED FORMULA

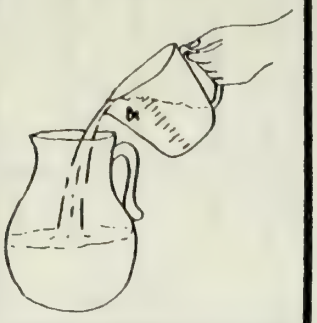
Wash carefully

2 Boil water 5 minutes

Let cool

1 quart or 32 ounces

3 Pour 4 cups (32 ounces) water into pitcher



4 Add 1 level cup powder

Beat well with fork

1 cup powder
+ 32 ounces water
(1 quart)
= 1 quart formula

5 Pour into bottles, cover, refrigerate

Use within 24 hours

1 bottle

3 Pour warm water into bottle

4 Add powder

4 oz.

2 level scoops
+
4 ounces water

6 oz.

3 level scoops
+
6 ounces water

8 oz.

4 level scoops
+
8 ounces water

5 Shake well

FOR ALL FORMULAS:

If infant does not finish bottle or if formula has been in refrigerator for longer than recommended...

THROW AWAY

Massachusetts WIC Program

"This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250."

WIC Form

FOLLOW-UP

A secondary contact, or follow-up, is mandatory for each participant.

Follow-up is intended to continue the process of imparting client-centered nutrition education begun at certification.

The nature of the secondary contact depends on the participant's need as identified by the nutritionist at the initial certification appointment. Each program should develop levels of care whereby the number of follow-up visits and the content of each visit is based on individual need.

All prenatals should receive at least one individual follow-up during pregnancy. Breastfeeding should be discussed as an infant feeding option during this appointment.

Documenting Follow-up

The participant record is the place to document any follow-up. If the participant is seen individually by nutrition staff, this should be documented in the progress notes section of the assessment forms. Documentation must include date, topic and staff initials. A SOAP note should be completed for high risk participants.

In situations where participants are seen in groups and/or records are not pulled or available, a follow-up checklist should be used to record secondary contacts and should be filed in the participant's record.

REFERRALS

REFER APPLICANTS AND PARTICIPANTS TO APPROPRIATE PROGRAMS AND SERVICES.

YOU ARE REQUIRED TO REFER APPLICANTS AND PARTICIPANTS TO THE FOOD STAMP PROGRAM AND A.F.D.C. (WELFARE).

You are responsible for telling WIC applicants and participants about the types of programs and services available to them.

Any member of your staff who has contact with applicants or participants must have access to information for providing appropriate referrals.

Keep a current listing of Federal, State, and local resources that might be helpful for applicants or participants. Update your listings regularly, with information such as:

- Name of program or service
- Types of services available
- Eligibility requirements
- Agency's address and phone number
- Schedules
- Key contact person

DEVELOPING A REFFERAL NETWORK

An effective referral network is dependent upon three factors:

1. Your ability to determine the need to refer a person to another program or service;

2. Having materials available to provide applicants or participants with accurate information about the various resources available;

3. Designing a means of following up referrals that you have made.

Assess the need or the urgency of an applicant's or participant's situation and the ability of the person you are referring to follow through with the referral. In some cases you will need to help the person with the referral (making the initial contact, setting up the appointment, explaining the services, etc.).

Be particularly sensitive to the needs of a person when making referrals. Be aware of language barriers and the special needs of the physically challenged, people with emotional problems and people who are reluctant about using social services.

REFFERING PEOPLE TO FOOD STAMPS, A.F.D.C. (WELFARE) AND PROJECT GOOD HEALTH

You must refer applicants and participants to the Food Stamp Program or to A.F.D.C. Do not make any assumptions about whether someone might be eligible or not. You should also be sure that all Medicaid-eligible participants are aware of the benefits of participating in Project Good Health (PGH).

Request information from the nearest Food Stamp, A.F.D.C. and PGH offices and make this information available to all WIC applicants and participants.

Provide each applicant or participant with the addresses and telephone numbers of the nearest Food Stamp, A.F.D.C. and PGH offices. Try to establish a regular contact person at each office to facilitate referrals.

DOCUMENTATION OF REFERRALS

All referrals made by local program staff to WIC participants must be documented in the participant's record. The certification form should be used to note any referrals pertaining to health concerns, and the income form for income-related referrals such as Food Stamps, AFDC, Medicaid, etc.

EXPLAINING WIC PROCEDURES

IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT ALL WIC PARTICIPANTS UNDERSTAND THE WIC PROGRAM AND HOW IT WORKS.

WHEN A PARTICIPANT FIRST ENTERS THE WIC PROGRAM, EXPLAIN:

1. WIC CERTIFICATION PERIODS
2. FOOD VOUCHER REDEMPTION PROCEDURES
3. USING PROXIES
4. PARTICIPANT FAIR HEARINGS

Taking the time to carefully explain the WIC Program and its operations right when a new participant starts on the WIC Program can eliminate confusion and complications later on.

Educating your participants about the WIC Program and its intentions is good protection against the possibility of abuse by WIC participants.

CERTIFICATION PERIODS

AT EACH WIC CERTIFICATION, YOU MUST EXPLAIN TO THE PARTICIPANT HER/HIS CERTIFICATION PERIOD

It is important that every WIC participant understands that s/he is on the WIC Program for only a limited period of time, and that s/he should reapply if s/he is interested in continuing on the WIC Program.

CERTIFICATION PERIODS

Women, pregnant:	For the duration of the pregnancy and up until six weeks postpartum
Women, breastfeeding:	For six months, and as long as the woman continues to breastfeed, up until one year postpartum
Women, postpartum non-nursing:	Up until six months postpartum
Infants:	For six months
Children:	For six months, up until and including the month in which the child turns five

EDUCATING PARTICIPANTS TO USE WIC VOUCHERS

REVIEW THE WIC FOODS SPECIFIED ON BOTH THE FRONT AND BACK OF THE VOUCHERS.

DESCRIBE THE PARTICIPANT'S OPTIONS IN CHOOSING A VARIETY OF FOODS:

- MILK: You can buy any combination of sizes.
- EGGS: Buy Grade A large eggs. "1 1/2 dozen" = 1 dozen plus 1/2 dozen.
- JUICE: Buy 100% fruit juice as listed on back of voucher.
- BEANS/PEAS OR PEANUT BUTTER: Buy either beans or peas or peanut butter.
- CEREAL: Add up the ounces from different boxes to get as close to 36 ounces as you can.
- CHEESE: Don't buy cheese food, cheese food product or cheese spread. Buy only domestic cheese, not imported.

MAKE SURE THAT THE PARTICIPANT UNDERSTANDS THAT S/HE MUST USE AN ENTIRE VOUCHER AT ONE TIME, BUT THAT S/HE NEED NOT USE ALL OF THE VOUCHERS AT ONCE.

EXPLAIN HOW THE VOUCHERS WORK, INCLUDING THE FOLLOWING:

1. If you can't pick up your vouchers in person you can send a proxy. The person who signs the vouchers at the WIC Program must countersign them at the store.
2. Participants should make sure WIC staff stamp all the vouchers.
3. The participant may use vouchers starting on the issue date printed on the voucher in the upper right-hand corner. The participant has only 30 days in which to redeem all of the vouchers.
4. The participant may use vouchers only at authorized vendors. Notify all participants of all of the authorized vendors in your program area (and in surrounding areas if appropriate).
5. The participant may use vouchers ONLY for the foods exactly as specified on the vouchers. If the participant understands the nutritional value of the specific WIC foods, s/he may better understand why any substitution is NEVER allowed.
6. The participant is not required to show identification upon redemption of the vouchers.

7. The WIC participant should never allow a vendor to stamp the WIC vouchers before the participant purchases her/his food.

8. At the cashier (or when the dairy delivers the food) the participant separates the WIC purchases from the non-WIC purchases, voucher by voucher. The cashier or delivery person totals each WIC sale, and then enters the actual price of the WIC foods purchased in the price block on the voucher. The participant then countersigns the voucher ONLY AFTER THE PRICE IS WRITTEN IN INK on the voucher. The voucher price must correlate exactly to the actual prices of the WIC foods purchased, and the participant must never countersign an unpriced voucher. The store should not accept vouchers already countersigned.

9. A WIC vendor may never discriminate against a WIC participant.

10. WIC foods should always be fresh.

11. If a participant is purchasing the WIC foods exactly as described on the vouchers, the store or dairy may not require a participant to purchase specific brands or types of foods.

12. The participant should tell the local WIC program about any problems with the WIC vendors.

PROXIES

TO RECEIVE VOUCHERS FOR A PARTICIPANT, A PROXY MUST HAVE IDENTIFICATION AND A WRITTEN NOTE OF PERMISSION SIGNED BY THE PARTICIPANT.

CHECK TO MAKE SURE THAT THE SIGNATURE ON THE PERMISSION NOTE MATCHES THE SIGNATURE OF THE PARTICIPANT OR AUTHORIZED REPRESENTATIVE.

THE PROXY MUST SIGN THE PERMISSION NOTE IN THE PRESENCE OF THE WIC STAFF.

KEEP THE PERMISSION NOTE WITH THE PROXY'S SIGNATURE FILED WITH THE PARTICIPANT'S RECORDS.

FEDERAL REGULATIONS DO NOT PLACE AN AGE LIMIT ON PROXIES. LOCAL PROGRAMS MAY DETERMINE THEIR OWN POLICY ON AN AGE LIMIT FOR PROXIES.

When a participant is not able to pick up her/his own vouchers, the participant may send a proxy. The primary caretaker of an infant or a child participating on the WIC Program is a permanent authorized representative for the participant. If the authorized representative cannot keep a voucher appointment it is s/he who authorizes someone else.

Make sure that the participant, the authorized representative and the proxy understand correctly that:

1. The person who picks up the vouchers must sign the vouchers in the WIC office

2. The person who picks up and signs the vouchers must also redeem them at a WIC vendor

When a proxy comes to pick up someone else's vouchers, be sure that the proxy knows how to redeem them properly.

THE RIGHT TO A FAIR HEARING

YOU MUST EXPLAIN TO ANY NEW WIC PARTICIPANT HER/HIS RIGHT TO A FAIR HEARING WHENEVER S/HE DOES NOT AGREE WITH ANY STATE OR LOCAL AGENCY DECISION RESULTING IN THEIR DENIAL OF PARTICIPATION OR DISQUALIFICATION.

Explain to the participant that you will help her/him apply for the hearing if s/he wishes.

-- You can help her/him fill out the "REQUEST FOR A FAIR HEARING" form. You must have these forms available for participants.

-- You should explain that you are willing to discuss the issue in dispute if the participant has any questions.

-- Use the "WHAT IS A WIC FAIR HEARING?" booklet to help you explain the hearing process. The "WHAT IS A WIC FAIR HEARING?" booklet should be visible and available to participants. See Part IV, Section A.12 in this Procedure Manual for more information on Fair Hearings.)

-- Offer the State WIC Office Hotline number, 1-800-WIC-1007, to anyone requesting information about a Fair Hearing.

MASSACHUSETTS SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR
WOMEN, INFANTS, AND CHILDREN
(WIC PROGRAM)

REQUEST FOR A FAIR HEARING

WIC Program regulations, Section 246.9, provide that if you are not satisfied with any decision regarding your eligibility for the WIC Program, you have the right to appeal and receive a fair hearing before a hearing officer appointed by the Commissioner of Public Health. Please fill out this form and send it to: Massachusetts WIC Program, Department of Public Health, 150 Tremont Street, 3rd floor, Boston, Massachusetts 02111.

You will then be contacted by mail at least ten days prior to your scheduled hearing and notified of the time, date and place where the hearing will be held. If you are unable to attend the hearing, you must contact the State WIC Program Office at 1-800-WIC-1007 as soon as possible so that your hearing may be rescheduled. Failure to appear at the hearing without good cause may result in termination of the appeal.

At the hearing you may speak for yourself or be represented by a lawyer, friend or other spokesperson. Legal counsel will be at your own expense. You or your representative may have the opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.

Name of my WIC Program: _____

I am requesting a fair hearing as provided in the WIC Program regulations. These are my reasons for requesting a hearing:

_____

_____

_____

_____

_____

Signature: _____ Date: _____

Name:
Address:
Telephone:

_____

I will be represented at the hearing by:

Name:
Address:
Telephone:

PROGRAMA DE ALIMENTOS SUPLEMENTARIOS ESPECIALES PARA
MUJERES, BEBES, Y NINOS DE MASSACHUSETTS
(PROGRAMA WIC)

SOLICITUD DE AUDIENCIA IMPARCIAL

Si Usted no esta satisfecho(a) con alguna decisión respecto a su eligibilidad para el Programa WIC, las regulaciones del Programa WIC, Sección 246.9, le proveen a Usted el derecho a apelar, y a recibir una "Audiencia Imparcial" con un oficial seleccionado por el Comisionado de Salud Pública. Favor de llenar este formúlario (ó pidale a un miembro del Programa WIC local que se lo llene) y enviarlo a: Massachusetts WIC Program, Department of Public Health, 150 Tremont Street, 3rd floor, Boston, Massachusetts 02111.

Una vez recibida esta aplicación, nosotros le enviaremos una carta indicando fecha y lugar donde se llevara a cabo su "Audiencia Imparcial", con al menos 10 dias de anticipación a la fecha designada. Si usted no puede asistir a esta cita, usted debe llamar al Programa WIC de Massachusetts al teléfono 1-800-WIC-1007 para solicitar cambios de hora y/ó fecha. Si usted no puede presentar motivos razonables para dejar de asistir a su "Audiencia Imparcial" su apelación sera automaticamente cancelada.

En la "Audiencia Imparcial" puede representarse Usted mismo(a), un(a) amigo(a), ú óbtener un abogado. Consejo legal será por su propia cuenta. Usted, ó su representan tendrá la oportunidad de examinar (anterior y durante la audiencia) los documentos presentados para amparar la decisión de apelación.

Nombre de mi Programa WIC: _____

Yo estoy solicitando una "Audiencia Imparcial"; por las razones siguientes:

_____

_____

_____

_____

_____

_____

Firma: _____ Fecha: _____

Nombre:
Dirección:
Teléfono:

_____

Mi representante autorizado(a) es:

Nombre:
Dirección:
Teléfono:

WHAT IS A WIC FAIR HEARING?

Time Limits

1. You have 90 days from the date you are notified of your termination in which to request a fair hearing. After that time you may not request a hearing.

2. If you are terminated during a current certification period, your hearing request must be received within 15 days of the day you are notified of the termination in order for you to continue to receive food vouchers.

3. The fair hearing must be scheduled within 3 weeks after your request has been received by the State WIC Office. You will be given 10 days advanced written notice of the hearing.

4. The hearing officer must notify you in writing of his/her decision within 45 days after the receipt of your request for a hearing.

Massachusetts WIC Program

"This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250."

What is a WIC Fair Hearing?

If the WIC Program turns you down, and you feel the decision was unfair, you should ask the WIC Program for a fair hearing.

At a fair hearing you will have a chance to present your side of the story to the State WIC office. The staff of the local WIC Program that turned you down can also present their side of the story. The fair hearing officer will then look at both sides and make a decision as to who is right.

A fair hearing may seem complicated and a difficult thing for you to get involved with, but it is really very simple.

- Ask your local WIC Program office for a request form. Once you fill out the form, you send it in to the State WIC office and a hearing date will be sent to you by mail.

- Local WIC Program staff do not object if you ask for a hearing and are happy to help you make your request.

- It is not a courtroom trial. It is a very informal procedure. Everyone sits around a table and gives their opinions and asks questions.

- You do not have to bring a lawyer, but you can if you want to.

- The hearing officer is not biased in favor of either the participant or the local program staff. In past hearings, decisions have been made in favor of the participant as well as in favor of the program staff.

- You can bring your children with you to the fair hearing if you like.

- If you are being terminated during a current certification period and apply for a fair hearing, you will continue to receive food vouchers until a decision is made.

Remember, you have a right to a fair hearing if you are denied WIC program benefits and you feel the decision is unfair. Ask the WIC staff at the local WIC Program for help if you would like a fair hearing. If you have a problem with applying for a hearing or want more information, call the Massachusetts Department of Public Health/State WIC Office at (617) 727-6876.

(Spanish) What Is A WIC Fair Hearing?

QUÉ ES UNA AUDIENCIA JUSTA DE WIC?

Límites de Tiempo

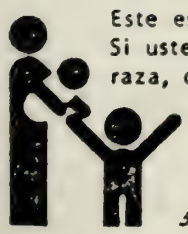
1. Tiene 90 días despues de habersele dicho que fue terminada en el programa para aplicar para una audiencia Justa. Pasado este período no puede solicitar.

2. Si es sacado del programa en una de las visitas a la nutricionista (período de certificación) debe pedir la audiencia dentro de los proximos 15 días luego de haber sido terminado, para poder seguir recibiendo cupones.

3. La audiencia será asignada 3 semanas despúes que la oficina estatal de WIC reciba su petición. Recibirá una notificación por escrito o con 10 días de anticipación a la audiencia.

4. El oficial de la audiencia debe notificarle por escrito cual fue su decisión dentro de los proximos 45 días de haberse recibido su petición.

Programa WIC de Massachusetts



Este es un programa de igualdad de oportunidades. Si usted cree que ha sido discriminado por su raza, color, nacionalidad, edad, sexo o por que es inválido, escriba inmediatamente a:
'Secretary of Agriculture
Washington, D.C. 20250.'

MICHAEL S. DUKAKIS, GOVERNOR
Manuel Carballo, Secretary
Executive Office of Human Services
Ballus Walker, Ph.D., Commissioner
Massachusetts Department of Public Health

5/84

WIC FORM #S14

Qué es una audiencia justa de WIC?

Si no fue elegido (a) para participar en el programa WIC, y piensa que tal decisión fue injusta, debe solicitar una audiencia justa al programa WIC.

Durante una audiencia justa, usted tendrá la oportunidad de presentar su caso ante la oficina estatal de WIC. El personal del programa WIC que la rechazó también presentará su caso. El oficial de la audiencia justa tomará en cuenta ambos casos y hará la decisión sobre quien tiene la razón.

La audiencia justa parece ser complicada y difícil de participar en ella. Sin embargo, es bastante sencillo.

---- Solicite a su programa local de WIC un formulario de petición. Tan pronto usted llene este formulario debe enviarlo a la oficina estatal de WIC y ellos le enviarán una cita para la audiencia.

---- El programa local de WIC no se opone a que solicite una audiencia y estarán complacidos en ayudarle a hacer su petición.

---- No es un juicio de corte. El procedimiento es bastante informal. Todos se sientan alrededor de una mesa y hacen preguntas al igual que dan sus opiniones.

---- No tiene que traer un abogado consigo, pero puede hacerlo si así lo desea.

---- El oficial de la audiencia es imparcial con respecto al participante tanto como con el personal de la oficina local. En audiencias pasadas, han habido ocasiones en las que el participante gana y vice versa.

---- Puede traer a sus hijos consigo si así lo desea.

---- Si está siendo terminado (a) del programa durante un período de certificacion y solicita la audiencia justa, continuará recibiendo sus cupones hasta que se haya tomado una decisión.

Recuerde, usted tiene derecho a una audiencia justa si le han sido negados los beneficios del programa WIC y piensa que tal decision fue injusta. Pida asistencia al personal de su programa local de WIC si desea la audiencia justa. Si tiene problemas solicitando una audiencia o desea mas informacion llame al Departamento de Salud Pública de Massachusetts/Oficina estatal de WIC al (617) 727-6876.

WHAT IS A WIC FAIR HEARING?

1- [illegible]

2- [illegible]

3- [illegible]

4- [illegible]

[illegible]

"[illegible] The Secretary of Agriculture, Washington, D.C. 20250."

1/83

WIC Form #14

(617) 727 6876

"VIETNAMESE "WHAT IS A WIC FAIR HEARING?"

BUỔI NGHE PHÂN GIẢI VỚI TÍNH CÁCH VÔ TƯ CỦA WIC LÀ GÌ ?

THỜI HẠN

1. Ông Bà có thể xin buổi nghe phân giải với tính cách vô tư trong vòng 90 ngày kể từ ngày được thông báo là bị ngưng cung cấp các quyền lợi. Sau thời gian này Ông Bà sẽ không thể xin khiếu nại được.

2. Nếu Ông Bà bị ngưng cung cấp các quyền lợi trong thời gian đang được chứng thực, Ông Bà phải xin buổi nghe phân giải trong thời gian 15 ngày kể từ ngày được thông để có thể được tiếp tục lãnh phiếu thực phẩm trong lúc chờ đợi có một quyết định mới.

3. Buổi nghe phân giải với tính cách vô tư sẽ được tổ chức trong vòng 3 tuần kể từ khi đơn xin của Ông Bà được Văn phòng WIC Tiểu bang nhận được. Ông Bà sẽ được thông thong báo trước 10 ngày.

4. Viên chức của buổi nghe phân giải sẽ gửi văn thư thông báo đến Ông Bà về quyết định của vị này trong vòng 45 ngày kể từ ngày nhận được đơn xin của Ông Bà về buổi nghe phân giải.

CHƯƠNG TRÌNH WIC CỦA TIỂU BANG MASSACHUSETTS

Đây là một chương trình dành cho tất cả mọi người. Nếu Ông Bà nghĩ rằng mình bị kỳ thị vì bất cứ lý do chủng tộc, màu sắc, quốc gia xuất thân, tuổi tác, phái tính, hay tật nguyền, hãy viết thư khiếu nại ngay đến Secretary of Agriculture, Washington, D.C. 20250.

WIC Form #131

BUỔI NGHE PHÂN GIẢI VỚI TÍNH CÁCH VÔ TƯ CỦ...

Nếu bị Chương trình WIC từ chối và bác đơn, Ông Bà nên yêu cầu có một buổi nghe phân giải với tính cách vô tư nếu thấy quyết định của Chương trình WIC không công bình.

Ở buổi nghe phân giải với tính cách vô tư này, Ông Bà sẽ có cơ hội trình bày với văn phòng WIC Tiểu bang những lý lẽ về phần mình. Và nhân viên của Chương trình WIC địa phương cũng sẽ trình bày những lý lẽ về phần họ. Viên chức của buổi nghe phân giải với tính cách vô tư này sau đó sẽ quyết định phần đúng về bên nào.

Buổi nghe phân giải với tính cách vô tư có vẻ phức tạp và là một điều khó khăn đối với Ông Bà. Nhưng thật ra nó rất đơn giản.

---Hãy hỏi Chương trình WIC địa phương mẫu đơn. Sau khi đã điền xong đơn này, Ông Bà gửi ngay đến văn phòng WIC Tiểu bang. Ngày giờ cho buổi nghe phân giải này sẽ được thông báo cho Ông Bà bằng đường bưu điện.

---Nhân viên Chương trình WIC địa phương sẽ không có gì phản đối khi Ông Bà yêu cầu có buổi nghe phân giải này. Và họ sẽ rất vui vẻ giúp Ông Bà.

---Đây không phải là một phiên tòa. Nó chỉ là một phương thức thông thường. Mỗi người sẽ ngồi lại với nhau, đưa ra ý kiến của mình và đặt những câu hỏi.

---Ông Bà không cần phải mang theo luật sư, nhưng nếu muốn Ông Bà có thể nhờ đến một luật sư.

---Viên chức của buổi nghe phân giải này sẽ là người không có khuynh hướng thiên vị đối với bất cứ bên nào. Trong quá khứ, những quyết định thường có lợi cho cả người tham dự lẫn nhân viên chương trình địa phương.

---Nếu muốn, Ông Bà có thể mang theo đứa trẻ.

---Nếu Ông Bà bị ngưng không được nhận các quyền lợi trong thời gian đang được chứng thực và nộp đơn xin buổi nghe phân giải với tính cách vô tư, Ông Bà sẽ tiếp tục lãnh phiếu thực phẩm cho tới khi nào có một quyết định mới.

Xin ghi nhớ là Ông Bà có quyền đòi hỏi một buổi nghe phân giải với tính cách vô tư khi Ông Bà bị Chương trình WIC từ chối không cung cấp các quyền lợi và Ông Bà nghĩ là quyết định này không công bằng. Hãy yêu cầu sự giúp đỡ của Chương trình WIC địa phương nếu Ông Bà muốn có buổi nghe phân giải này. Nếu Ông Bà gặp trở ngại trong việc xin cho có buổi nghe phân giải hoặc muốn biết thêm những chi tiết khác, hãy gọi đến Văn phòng WIC Tiểu bang thuộc Bộ Y tế Công cộng. Số điện thoại: (617) 727-6876.

Portuguese "What Is A WIC Fair Hearing?"

O QUE É UMA AUDIÊNCIA IMPARCIAL DO WIC?

Prazos

1. Você tem 90 dias desde a data de notificação da sua terminação para requerer uma audiência. Depois deste prazo não pode requerer uma audiência.

2. Se fôr terminada durante um periodo de certificação, o seu requerimento para uma audiência tem de ser recebido durante 15 dias do dia que fôr notificado da sua terminação para continuar a receber os talões de alimentos.

3. A audiência tem de ser marcada durante 3 semanas depois do seu requerimento ser recebido pelo Escritório do WIC do Estado. Será notificada por escrito 10 dias antes da data da audiência.

4. O oficial da audiência tem de a notificar por escrito da sua decisão dentro 45 dias depois de ter recebido o requerimento da audiência.

MASSACHUSETTS WIC PROGRAM

"Este é um Programa de Oportunidade Igual. Se crê ter sido descreminada por causa de raça, côr, origem nacional, idade, sexo, ou desvantagems, escreva imediatamente ao Secretary of Agriculture, Washington, DC 20250"

O que é uma audiência imparcial do WIC?

Se for declinada do Programa WIC e crê que a decisão foi injusta, deve requerer uma audiência imparcial do Programa WIC.

Numa audiência imparcial tem a oportunidade de apresentar a sua narrativa ao Escritório do WIC do Estado. Os empregados do programa local do WIC que a rejeitaram também apresentarão a sua narrativa. O oficial da audiência depois decidirá quem tinha razão.

Uma audiência parece muito complicada e difícil, mas na realidade é um processo muito simples.

——Peça no escritório do Programa local do WIC um requerimento. Preencha esta forma, e mande para o escritório do WIC do Estado e a data da audiência ser-lhe-à enviada pelo correio.

——Os empregados do Programa local não se oporão se pedir uma audiência e ajudar-lhe-ão a fazer o requerimento.

——Não é um tribunal de julgamento. É um processo sem formalidades. Todos sentam-se à volta de uma mesa, apresentam suas opiniões e fazem perguntas.

——Não é preciso trazer um advogado, mas se quiser pode fazê-lo.

——O oficial da audiência não estara em favor do participante nem em favor dos empregados do Programa local. Em audiências anteriores decisões foram feitas em favor do participante e em favor dos empregados do Programa local.

——Se preferir pode trazer suas crianças à audiência.

——Se está a ser terminada do Programa durante um periodo de certificação e aplicar para uma audiência, continuará a receber talões de alimentos até a decisão ser feita.

Lembre-se que tem o direito a uma audiência se fôr recusada os benefícios do Programa WIC e crê que a decisão foi injusta. Peça aos empregados do Programa local do WIC para lhe ajudarem se quer uma audiência. Se tiver algum problema quando aplicar para uma audiência ou queira mais informação, telefone o Departamento de Saúde Pública de Massachusetts/Escritório do WIC do Estado no (617) 727-6876. (Massachusetts Department of Public Health/State WIC Office at (617) 727-6876.)

Chinese "What is a WIC Fair hearing?"

什麼是公平意見听取會？

時間限制

1. 你有90天的時間，从你被通知停止的那天到要求申請一个公平意見听取會。超过90天，你不能申請听取會。

2. 在你領食品証會的現阶段內，如你被通知停止，从你被通知停止的那天开始，15天之內，你的公平意見听取會的申請一定要被'為客'办公处收到，以使你在領取食品証會。

3. 在收到你的申請后，'為客'办公处一定會在3个星期內安排公平意見听取會。你将提前10天收到一份書面的通知。

4. 听取會一定會在45天內作出一个書面的决定，从接受你的申請那天开始。

麻薩諸塞'為客'計劃

'這是一个平等机會的計劃。如果你相信你因為你的种族、肤色、國家原籍、年齡、性別或残废而被歧視，馬上写信給农业部長，Washington, D.C. 20250.'

*'為客'是英文'WIC'的中文譯名。

什麼是公平意見听取會？

如果'為客'計劃服務拒絕你，你或認爲是一个不公平的決定，你应当要求'為客'計劃服务举行一个公平意見听取會。

在一个公平意見听取會上，你将有一个机會訴述你方面的情況給州政府'為客'办公处听，地區'為客'計劃服務的工作人員也會講述他們方面的情況。公平意見听取官員将會考慮二方面的情況，然后作出一个決定，決定那一个方面是对的。

可能你會覺得公平意見會是一种很复杂和困难的事情，但是，实际上它是十分簡单。

—— 向你的地區'為客'計劃服务办公处要一份申請表格，填写好表格，把表格寄到州'為客'办公处，一个听取會的日期將會寄給你。

—— 如果你要求一个听取會，地區'為客'計劃服务工作人員不会反对，而且高興地帮助你作申請。

—— 听取會不是法庭审訊，是一种很不正式的程序，每个人圍绕一个台子坐着，提出他們的意見和詢問問題。

—— 你不需要有一个律师。如果你想的話，是允許的。

—— 听取官員不會偏袒于某人，不管是申請人或地區'為客'計劃服务工作人員。在過去的听取會上，最后的決定作出，同時受到二方面的欢迎。

—— 如果你喜欢的話，可以帶上你的孩子到公平意見听取會上来。

—— 在你領食品証券的現阶段内，如果你被通知停止，和你在申請一个公平意見听取會，你将继续接受食品証券直到最后决定被作出。

請記住，如果你被你的地區'為客'計劃服务否决，你覺得這个决定是不公平的，你有权利要求一个公平意見听取會。如果你希望一个公平意見听取會，請地區'為客'計劃服务人員帮助你。如果你有难处去申請听取會，和想要進一步的詳情，可以打电話到林州'公共卫生部'為客'办公处。號碼(617)727-6876.

* '為客'是英文「WIC」的中文譯名。

MONTHLY VOUCHER DISTRIBUTION

THE COMPUTER PRINTS VOUCHERS ON A MONTHLY CYCLE AND
WIC PARTICIPANTS ARE ENTITLED TO A MONTH'S WORTH OF FOOD VOUCHERS AT A TIME

Every month, distribute vouchers to all your WIC participants.

The computer will print vouchers with an assigned voucher issue date, according to the information you enter into the computer after you first certify the participant.

You should distribute the vouchers on or as close as possible to the issue date printed on the vouchers. This gives your participants the maximum amount of time possible to purchase their food during the month.

Use the monthly voucher distribution to notify WIC participants of their upcoming certification appointments. Having regular contact with your participants is an effective way of keeping your program well-managed and your appointment system organized.

ASSIGNING PICK-UP DAYS

ASSIGN ONLY THE 1st THROUGH THE 27th OF THE MONTH AS PICK-UP DATES.

There are many different ways to assign voucher pick up days to WIC participants. Choose one that best fits into your program procedures. Some possibilities are:

- Assign pick-up dates by the date of a participant's initial certification. If a participant were certified on the 7th, her/his pick-up date would be the 7th of each month.

- Assign pick-up dates alphabetically, using the first letter of the last name of the participant or primary caretaker. Decide ahead of time whose name to use as a standard so that family members with different last names will not have different pick-up dates.

- If you restrict voucher pick-ups at a site to once a week, assign all participants to one of a few selected pick-up dates. (For example, if you are at a certain site every Wednesday, assign the participants at that site to one of four pick-ups a week apart -- e.g., the 1st, 8th, 15th or 22nd.)

Monitor the distribution of your pick-up dates so that you do not have too many participants coming in at the same time. Use your monthly computer-generated "Participant Report" to get this information.

Make sure that different members of the same family or neighbors who share transportation are able to come in together.

SCHEDULING VOUCHER PICK-UPS

ARRANGE YOUR VOUCHER PICK-UPS TO BEST SUIT THE NEEDS OF YOUR PROGRAM

PARTICIPANTS SHOULD PICK UP THEIR VOUCHERS ON OR AS CLOSE AS POSSIBLE TO THEIR VOUCHER PICK-UP/VOUCHER ISSUANCE DATES

There are many options for scheduling voucher distribution appointments.

- Some programs schedule individual time- and day-specific appointments.
- Some programs give participants a range of times in which they can come in for vouchers.
- Some programs distribute vouchers to participants in groups.
- Some programs choose not to give out voucher appointments at all, but let their participants know their pick-up day and when the local WIC office is open for voucher distribution.
- Some programs arrange voucher appointments so that each monthly voucher pick-up is also an organized nutrition education session.

COMPUTER-GENERATED VOUCHER ISSUANCE

MAKE SURE YOU HAVE GOTTEN ALL OF THE VOUCHERS FOR THE PARTICIPANT, AND THAT THE COMPUTER PRODUCED THE CORRECT VOUCHERS.

WHEN ISSUING THE VOUCHERS:

1. THE PARTICIPANT OR PROXY MUST SIGN THE VOUCHERS ON THE LEFT-HAND SIDE.

2. YOU MUST VALIDATE THE VOUCHERS WITH THE RED "MASS. WIC PROGRAM" STAMP.

3. AS A RECEIPT FOR THE VOUCHERS, THE PARTICIPANT (OR PROXY) ALSO MUST SIGN HER/HIS NAME IN THE VOUCHER REGISTER FOR EACH SET OF VOUCHERS.

4. THEN YOU MUST IMMEDIATELY WRITE YOUR INITIALS AND THE DATE NEXT TO THE PARTICIPANT'S SIGNATURE.

5. YOU MUST KEEP THESE VOUCHER REGISTERS FOR 3 1/2 YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

A WIC PARTICIPANT IS ENTITLED TO RECEIVE VOUCHERS UP UNTIL 30 DAYS FROM THE VOUCHER ISSUE DATE--WHETHER OR NOT YOU HAVE RETURNED THE COMPUTER-ISSUED VOUCHERS TO THE STATE WIC OFFICE.

If a participant is entitled to receive her/his vouchers and you have returned the computer-issued vouchers as undistributed vouchers in the belief that they would not be used, you must issue the participant manual vouchers with the same issue date as the original vouchers.

If, for some reason, you issue both manual and computer-issued vouchers (for example, if the participant requests a package change which necessitates changing only a few of the vouchers), remember to have the participant sign both the manual voucher input form (manual voucher register) and the computer voucher register.

Many local WIC programs use the monthly voucher pick-ups for more than just voucher distribution. Some possibilities include:

- Handing out newsletters
- Providing nutrition education materials
- Giving notices of changes in program policies
- Updating the participant's address and telephone number
- Soliciting questions, comments, and complaints on WIC vendors
- Soliciting questions, comments, and complaints on local WIC program procedures

For additional information on distributing computer-generated vouchers, see Part V, Section A.2b(4) of this Procedure Manual.

REPEAT CERTIFICATIONS

WHEN A PARTICIPANT'S CERTIFICATION PERIOD EXPIRES, S/HE MUST COMPLETE A REPEAT CERTIFICATION TO DETERMINE WHETHER S/HE IS ELIGIBLE TO CONTINUE TO PARTICIPATE IN THE WIC PROGRAM.

TO BE ELIGIBLE FOR WIC AT A REPEAT CERTIFICATION APPOINTMENT, THE PARTICIPANT MUST BE ELIGIBLE FOR CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL REASONS.

A repeat certification is functionally like an initial certification -- it is an opportunity for you to determine whether a person is eligible to participate in the WIC Program.

A repeat certification is different from an initial certification in that the person being certified is already participating in the WIC Program, and the appointment is to determine whether s/he is eligible to continue.

NOTIFICATION OF EXPIRATION OF CERTIFICATION PERIOD

YOU MUST NOTIFY A PARTICIPANT IN WRITING AT LEAST 15 DAYS BEFORE THE EXPIRATION OF HER/HIS CERTIFICATION PERIOD

At least 15 days before the end of a participant's certification period, notify the participant in writing that her/his certification is almost over, and that s/he may reapply if s/he wishes to determine whether s/he is still eligible to continue on the WIC Program. If s/he does reapply, s/he must be certified again in order to continue on the WIC Program.

THE CERTIFICATION PROCESS IS THE SAME AS WHEN S/HE FIRST ENTERED THE PROGRAM: S/HE MUST ONCE AGAIN MEET THE CATEGORICAL, GEOGRAPHICAL, FINANCIAL, AND NUTRITIONAL ELIGIBILITY REQUIREMENTS.

To notify a participant that her/his certification period is almost over, notify the participant either:

- With the last set of vouchers in a certification period. This provides 30 days advance notice since the certification period expires when the vouchers expire, and the vouchers are valid for 30 days from their date of issue.

or

- With the second to last set of vouchers in a certification period. This gives the participants ample time to prepare for their certification or for the end of their participation on WIC.

or

- By mail if the participant has missed the appointed voucher pick-up.

NOTIFYING PREGNANT WOMEN, BREASTFEEDING WOMEN, INFANTS, AND CHILDREN

To notify pregnant women, infants, and children that their certification periods are almost over, use the "NOTIFICATION OF EXPIRATION OF CERTIFICATION PERIOD" letter.

Make sure you give the participant the medical referral form(s) that s/he needs. If the participant is a pregnant woman who is about to deliver, give her both the postpartum medical referral form and the form for her baby. This way, there will be as little delay as possible in certifying the baby.

NOTIFYING POSTPARTUM NON-BREASTFEEDING WOMEN AT SIX MONTHS POSTPARTUM, CHILDREN WHO WILL BE TURNING FIVE:

To notify postpartum women and children reaching their fifth birthday that their certificaton periods are almost over, use the "NO LONGER ELIGIBLE (Categorical)" letter. This letter explains that the participant will no longer be categorically eligible for the WIC Program.

NOTIFICATION OF EXPIRATION OF CERTIFICATION PERIOD LETTER

Local Program Letterhead

Date: _____

Dear _____:

Your WIC certification period will end with your _____ vouchers.

If you wish to continue on the WIC Program, you must make a certification appointment at this time.

At the certification, we will review your income level and you/your child's nutritional status to find out if you are still eligible for WIC. Please have your doctor complete the medical referral form and bring this with you when you meet with the nutritionist.

If at that time you are eligible you will begin a new certification period and you will receive WIC vouchers.

If you are not eligible, you will receive a letter telling you the reason, and you will not receive vouchers.

If you do not agree with this decision, you may ask for a fair hearing. Contact us at _____ or call the State WIC Office at (617) 727-6876 or 1-800-WIC-1007.

Sincerely,

_____ WIC Program

OPTIONAL
Your certification appointment is _____.
If you do not complete your certification by _____ you must reapply if you wish to participate in the WIC Program.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

NOTIFICATION OF EXPIRATION OF CERTIFICATION PERIOD LETTER (Spanish)

Local Program Letterhead

Fecha: _____

Estimada Sr(a) _____:

Su periodo de certificación en el programa WIC concluirá con sus "vouchers" de _____.

Si usted desea continuar participando en el programa WIC, usted tiene que hacer una cita ahora para ver si aún es usted y/ó su hijo/a elegibles para continuar.

Durante la cita para certificación nosotros revisaremos su nivel de ingreso asi como el status nutricional de usted y/ó su hijo/a para ver si llena(n) los requisitos necesarios para participar. Por favor pidale a su médico que le llene el Formulario Médico y traígalo con usted, asi como verificación de su nível de ingreso. Ambos son necesarios cuando venga a su cita con la nutricionista.

Si durante esta cita usted es determinado como no elegible, usted recibirá una carta explicando la razón, y usted no recibirá los "vouchers" de WIC.

Si usted no está de acuerdo con esta decisión, usted puede solicitar una "Audiencia Imparcial". Para ésto pongase en contacto con nosotros en el _____, ó llamando a la Oficina Estatal de WIC al 1-800-WIC-1007.

Sinceramente,

_____ WIC Program

Su cita para certificación es el dia _____. Si usted no cumple con la cita para certificación antes de _____ usted tiene que aplicar de nuevo si quiere seguir participando en el programa WIC.

Este es un Programa de Igualdad de Oportunidades. Si usted cree que ha sido discriminada por raza, color, origen, edad, sexo, o por ser fisicamente incapacitada, escriba de inmediato al: "Secretary of Agriculture", Washington, D.C. 20250.

NO LONGER ELIGIBLE LETTER (CATEGORICAL)

Local Program Letterhead

Date: _____

Dear _____:

This is to let you know that _____ is/are no longer eligible to continue on the WIC Program.

Your _____ vouchers are your last set.

The reason is checked below:

_____ S/He will be 5 years old.

_____ You have stopped breastfeeding.

_____ Your baby will be 1 year old.

_____ You are six months postpartum.

_____ Other: _____

If you do not agree with this decision, you may ask for a fair hearing. Contact us at _____ or call the State WIC Office at (617) 727-6876 or 1-800-WIC-1007.

Sincerely,

_____ WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

NO LONGER ELIGIBLE LETTER (CATEGORICAL) (Spanish)

Local Program Letterhead

Fecha: _____

Estimada Sr(a) _____:

Esta carta es para informarle que _____ no es elegible para poder continuar participando en el programa WIC.

Sus "vouchers" de _____ serán los ultimos que usted recibirá.

La razón consiste en que:

_____ Su hijo/a cumplirá sus 5 años.

_____ Usted ha dejado de darle el pecho a su hijo/a.

_____ Su hijo/a cumplirá 1 año de edad.

_____ Su hijo/a cumplirá 6 meses de nacido.

_____ Otra: _____

Si usted no está de acuerdo con esta decisión, usted puede solicitar una "Audiencia Imparcial". Para ésto, pongase en contacto con nosotros en el _____, ó llamando a la Oficina Estatal de WIC al 1-800-WIC-1007.

Sinceramente,

_____ WIC Program

Este es un Programa de Igualdad de Oportunidades. Si usted cree que ha sido discriminada por raza, color, origen, edad, sexo, ó por ser fisicamente incapacitada, escriba de inmediato al: "Secretary of Agriculture", Washington, D.C. 20250.

NO LONGER ELIGIBLE LETTER (CRITERIA)

Local Program Letterhead

Date: _____

Dear _____:

This is to let you know that _____ is/are no longer eligible to continue on the WIC Program.

The reason is checked below:

_____ No longer at nutritional risk.

_____ No longer income eligible.

_____ No longer living in Massachusetts.

_____ At nutritional risk, but there are higher priorities waiting.

_____ Other: _____

If you do not agree with this decision, you may ask for a fair hearing. Contact us at _____ or call the State WIC Office at (617) 727-6876 or 1-800-WIC-1007.

Sincerely,

_____ WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

SCHEDULING REPEAT CERTIFICATIONS

SET UP AN APPOINTMENT SYSTEM FOR REPEAT CERTIFICATIONS THAT BEST MEETS YOUR STAFFING PATTERN AND CAPABILITIES

The method you choose for scheduling repeat certifications is up to you. Some possibilities include:

- Allow participants to select their own appointment times.
- Run group repeat certifications--grouping participants together by risk factor or WIC status (for example: WIC infants, overweight children).
- Hold group nutrition education sessions supplemented by individual counseling sessions (for example: breastfeeding for new mothers, feeding finicky eaters).
- Use the repeat certification appointment as an opportunity to hold an in-depth personalized counseling session.

YOU MAY WANT TO TRY OUT DIFFERENT METHODS TO FIND THE WAYS THAT SERVE YOUR PARTICIPANTS AND YOUR PROGRAM BEST.

THE REPEAT CERTIFICATION APPOINTMENT

AT THE REPEAT CERTIFICATION APPOINTMENT YOU MUST:

1. DETERMINE THAT THE PARTICIPANT IS STILL CATEGORICALLY AND GEOGRAPHICALLY ELIGIBLE
2. UPDATE AND CORRECT THE PARTICIPANT'S ADDRESS AND TELEPHONE
3. VERIFY AND DOCUMENT THE PARTICIPANT'S INCOME ELIGIBILITY
4. HAVE THE COMPETENT PROFESSIONAL AUTHORITY COMPLETE A NUTRITION ASSESSMENT FOR THE PARTICIPANT AND DETERMINE WHETHER THE PARTICIPANT IS AT NUTRITIONAL RISK

TO CONTINUE PARTICIPATION IN THE WIC PROGRAM, A PARTICIPANT MUST STILL BE IN A PRIORITY SERVED BY YOUR PROGRAM.

** IF THE PARTICIPANT IS ELIGIBLE AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Certify her/him for the duration of another certification period.
2. Review the affidavit of participant rights and responsibilities. The participant or her/his authorized representative must sign the affidavit and you must witness it.
3. Give the participant her/his vouchers.
4. Arrange subsequent voucher appointment(s).

** IF THE PARTICIPANT IS NO LONGER ELIGIBLE OR IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Explain the reason to the participant very clearly.
2. Give her/him a "NOT ELIGIBLE LETTER" stating the reasons for her/his ineligibility. See Part IV, Section A.4a(1) for a copy of this letter.
3. Advise her/him of her/his right to appeal the decision by requesting a fair hearing.
4. Explain that s/he may reapply or be put on your waiting list.

CONTROLLING FOR OVERDUE REPEAT CERTIFICATIONS

YOU NEED TO BE ABLE TO IDENTIFY WHICH PARTICIPANTS ARE DUE FOR (REPEAT) CERTIFICATION.

ESTABLISH A SYSTEM SO THAT PARTICIPANTS WHO ARE NOT RECERTIFIED DO NOT CONTINUE TO RECEIVE VOUCHERS ONCE THEIR PREVIOUS CERTIFICATION PERIOD HAS EXPIRED.

THE COMPUTER WILL PRODUCE VOUCHERS FOR A PARTICIPANT TWO MONTHS BEYOND THE END OF THE CERTIFICATION PERIOD; THE PARTICIPANT IS NOT AUTOMATICALLY ENTITLED TO THESE VOUCHERS.

Each local WIC Program must develop a system to identify which participants are due for repeat certification. This is because the computer generates vouchers for participants for two months beyond the standard six-month certification period in order to accomodate reverse terminations and missed input deadlines. A participant is not automatically entitled to the extra vouchers generated.

Although you can use the computer-generated participant report to assist you in identifying whose certification periods are soon to expire, you may choose to establish an auxiliary system. Several possibilities:

- Some programs, at initial certification, give the participant an appointment card with only enough spaces for the appropriate number of sets of vouchers.
- Some programs use a flow sheet in the participant file to record the number of sets of vouchers.
- Some programs color-code participants' names on the voucher register according to which month the certification is due.

NOTE: Some programs have altered the length of their certification cycle from the standard six months. In the few programs where this occurs, the number of sets of vouchers should equal the standard number of months within the certification period (i.e., seven months = seven set of vouchers, or five months = five sets of vouchers).

MISSED APPOINTMENTS

LOCAL PROGRAMS MUST HAVE A STANDARD PROCEDURE FOR FOLLOWING UP ON MISSED APPOINTMENTS.

See the following sections for guidance on missed certification/recertification and voucher pick-up appointments.

MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS

IT IS UP TO EACH LOCAL PROGRAM TO DEVELOP A POLICY REGARDING MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS.

STANDARD PROCEDURE FOR NOTIFICATION OF TERMINATION MUST BE FOLLOWED.

The following are some policies individual programs have regarding missed certification/recertification appointments:

- Some programs limit participants to either one, two or three missed appointments. After the limit is reached, the records of those applying for an initial certification are filed, and those participants requiring a repeat certification are terminated.

- Some programs mail a letter after the initial missed appointment stating that the participant has _____ days* in which to reschedule the appointment. The actual number of appointments scheduled for the participant is of no consequence, as long as the participant is seen within the ____ day period.

* The period of time selected indicates the duration of the certification period left from the point at which the participant is notified that they are due for repeat certification.

NOTIFICATION OF TERMINATION

Regardless of variations in program policy, notification of termination must follow standard procedure as outlined in Part IV, Section A.12b.

MISSED VOUCHER APPOINTMENTS

IF A PARTICIPANT DOES NOT PICK UP HER/HIS VOUCHERS FOR TWO MONTHS IN A ROW, THE PARTICIPANT SHOULD BE TERMINATED FROM THE PROGRAM.

WARNING OF TERMINATION DUE TO MISSED VOUCHER PICK-UP MUST BE IN WRITING AND MUST FOLLOW STANDARD NOTIFICATION OF TERMINATION PROCEDURE.

The procedure for rescheduling a missed voucher appointment can be the same as the one used to schedule the initial voucher pick-up appointment. See Part IV, Section A.5b for options on scheduling voucher pick-up appointments.

When rescheduling missed voucher pick-ups, every effort should be made to enable participants to pick up their vouchers as close as possible to the voucher issuance date printed on the vouchers.

TERMINATION DUE TO MISSED VOUCHER PICK-UPS

As with all terminations, participants must receive written notification of termination at least fifteen days prior to their termination. The "MISSED VOUCHERS LETTER" serves as a reminder/warning and a notification of termination. No additional letter need be sent upon the second consecutive missed voucher pick-up if this letter is sent after the initial missed pick-up.

* Some programs send this letter immediately after the first missed voucher pick-up

* Some programs send this letter at the end of the month in which the first set of vouchers was missed

* Some programs send this letter upon the expiration of the 30-day issuance period of the first set of vouchers

A system must be implemented for following up on participants who receive a "MISSED VOUCHERS LETTER" to assure that those who miss the subsequent voucher pick-up are terminated.

- Some programs keep a log by calendar day (either a calendar or appointment book), noting the day on which a participant will be terminated according to the notification letter mailed. This log is then easily reviewed on the termination date, and the participant's record is checked to determine if the subsequent voucher pick-up was kept. If not, the participant is terminated.

- Some programs keep an alphabetical listing of participants who missed voucher pick-up that month. Each month's list is compared with the previous month's list to identify names appearing on both. These participants are then terminated from the program.

MISSED VOUCHERS LETTER

Local Program Letterhead

Date: _____

Dear_____:

You did not pick up your _____ vouchers. If you do not also pick up your _____ vouchers by _____, you will be taken off the WIC Program.

Please call us to arrange to pick up your vouchers.

If you do not agree with this decision, you may ask for a fair hearing. Contact us at _____ or call the State WIC Office at (617) 727-6876 or 1-800-WIC-1007.

Sincerely,

_____ WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MISSED VOUCHERS LETTER (Spanish)

Local Program Letterhead

Fecha: _____

Estimada Sr(a): _____:

Usted no vino a recojer sus "vouchers" del mes de _____. Esta carta es para informale que si usted tampoco viene a recoger sus "vouchers" del mes de _____, a más tardar en _____ su participación en el programa WIC será automáticamente terminada.

Por favor llamenos para ponernos de acuerdo en cuando usted vendrá a recoger sus "vouchers".

Si usted no está de acuerdo con esta decisión, usted puede solicitar una "Audiencia Imparcial". Para ésto, pongase en contacto con nosotros en el _____, ó llamando a la Oficina Estatal de WIC al 1-800-WIC-1007.

Sinceramente,

_____ WIC Program

Este es un Programa de Igualdad de Oportunidades. Si usted cree que ha sido discriminada por raza, color, origen, edad, sexo, o por ser fisicamente incapacitada, escriba de inmediato al: "Secretary of Agriculture", Washington, D.C., 20250.

PROVIDING WIC SERVICES TO NON-ENGLISH SPEAKING PARTICIPANTS

YOU MUST MAKE A COMMITMENT TO PROVIDING WIC SERVICES TO LINGUISTIC MINORITIES IN YOUR COMMUNITY.

IDEALLY, INTERPRETERS SHOULD BE BICULTURAL AS WELL AS COMPLETELY BILINGUAL.

Take into consideration the language needs of the population in your catchment area when selecting people to staff your WIC program. If the population in your catchment area is multilingual, your staff should be multilingual to the extent possible.

If you cannot meet the linguistic needs of your participants, try to obtain interpreters. There are many ways you can provide your participants with translators without necessarily having to hire them:

- Use the interpreters that are available in your host agency.
- Use interpreters from other community service agencies.
- Use bilingual students from local schools to help you translate.
- Schedule appointments in such a way so that bilingual participants can help non-English speaking participants.
- Encourage non-English speaking participants to bring their own interpreters with them (such as an English-speaking relative or friend). You might want to encourage participants <u>not</u> to use their children as interpreters.

The State WIC Office has produced a wide variety of nutrition education and WIC materials in a number of languages, including: Spanish, Portuguese, French, Chinese, Vietnamese, Cambodian, and Laotian. These materials can be very useful in your communications with your participants.

If you develop your own materials, translate them into the languages that you need.

PARTICIPANT VIOLATIONS OF THE WIC PROGRAM

A LOCAL WIC PROGRAM MAY DISQUALIFY A WIC PARTICIPANT IF IT IS PROVEN THAT THEY ARE IN VIOLATION OF WIC PROGRAM RULES AND REGULATIONS.

There are three categories of abuse under which a participant may be disqualified from the WIC Program. They are:

1. Program System Abuse This includes:

   - o knowingly and deliberately misrepresenting medical or income data in order to obtain WIC benefits
   - o falsifying information on a Medical Referral Form or income statement.

2. Voucher System Abuse This includes:

   - o participating in more than one WIC Program or WIC program site simultaneously ("dual participation")
   - o selling supplemental foods or food vouchers, or exchanging foods or food vouchers, with other individuals or vendors
   - o receiving cash or credit from WIC vendors toward purchase of unauthorized food or other items in exchange for supplemental food or food vouchers
   - o stealing WIC vouchers
   - o alleging that WIC vouchers were stolen or lost in order to receive 2 sets of vouchers.

3. Verbal/Physical Abuse This includes:

   - o verbally or physically threatening local WIC program staff or WIC vendors.

DOCUMENTING ABUSE

THE LOCAL WIC PROGRAM DIRECTOR MUST BE ABLE TO DOCUMENT THE INFORMATION PROVING THAT A WIC PARTICIPANT IS IN VIOLATION OF THE WIC PROGRAM.

THE NAMES OF PERSONS SUBMITTING COMPLAINTS OF PARTICIPANT ABUSE SHOULD BE KEPT CONFIDENTIAL AT ALL TIMES.

COMPLAINTS RECEIVED FROM OUTSIDE THE WIC PROGRAM

If a person other than a WIC staff member submits a complaint against a WIC participant, that person must be willing to provide a written statement explaining the violation/complaint before any action can be taken.

This statement (affidavit) should include the name of the WIC participant who is in alleged violation of the program, the grounds for complaint(s), the place where the violation took place (if applicable), the date when the incident(s) occurred, and the full signature of the individual submitting the complaint.

COMPLAINTS REPORTED BY WIC STAFF

The complaint should be documented in writing and filed in the participant's record.

NOTIFYING THE PARTICIPANT

Prior to imposing any penalty (including a written warning notice) upon the participant, the local program must notify the participant of the alleged claims made against her/him, the possible penalty, and the right to a fair hearing.

A program director has the option of informing the participant of an accusation even if a written statement has not been provided. The participant's response may prompt further inquiry.

IMPOSING PENALTIES

IF A WIC PARTICIPANT IS PROVEN IN VIOLATION OF THE WIC PROGRAM, THE LOCAL PROGRAM DIRECTOR MAY IMPOSE A PENALTY OF DISQUALIFICATON FROM THE WIC PROGRAM NOT TO EXCEED THREE (3) MONTHS.

The local WIC Program director determines what penalty, if any, should be imposed upon a participant based on the severity of the violation and the hardship that such penalty would create for the participant or the participant's children.

POSSIBLE PENALTIES

- o issue a warning notice to the participant to cease the abusive activity
- o require the participant to reimburse the State WIC Office for the amount of food received in violation of WIC regulations
- o require a written apology to WIC staff or vendors who were verbally or physically abused
- o disqualify the participant for a specific time period, not to exceed three months
- o impose other sanctions as defined by the State WIC Office.

NOTIFYING PARTICIPANTS OF PENALTIES

In the event that a WIC program director decides to sanction a participant for program abuse:

1. A letter must be sent to the participant outlining the abuse and the penalty to be imposed.

   The letter must include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law", as well as information on the participant's right to a fair hearing.

2. A copy of the letter must be filed in the participant's record.

3. A copy must be sent to the State WIC Office.

FAIR HEARINGS

A PERSON ALWAYS HAS THE RIGHT TO KNOW WHAT KIND OF GRIEVANCE PROCEDURES ARE AVAILABLE IF S/HE DOES NOT AGREE WITH A WIC DECISION RESULTING IN HIS/HER DENIAL OF PARTICIPATION OR DISQUALIFICATION.

ANY LETTER THAT YOU GIVE SOMEONE THAT NOTIFIES HER/HIM OF WIC ELIGIBILITY STATUS MUST INCLUDE A NOTE ABOUT THE PERSON'S RIGHT TO A FAIR HEARING.

FAIR HEARING PAMPHLETS MUST ALWAYS BE VISIBLE AND READILY AVAILABLE TO WIC PARTICIPANTS.

APPLYING FOR A FAIR HEARING

A person may request a fair hearing either verbally or in writing.

When a person requests a fair hearing, give her/him a copy of the "REQUEST FOR A FAIR HEARING" form and a copy of the explanatory pamphlet, "WHAT IS A WIC FAIR HEARING?" See Part V, Section A.4d(4) for copies of the Fair Hearing forms. If the person requesting a fair hearing is unable to complete the "Request for a Fair Hearing" form, you should complete it for them.

The person must apply for a hearing within 90 days of her receipt of the decision s/he wishes to appeal.

A person may request a hearing directly from the local WIC program or from the State WIC Office.

CONTINUATION OF WIC PARTICIPATION PENDING A FAIR HEARING

If the person who requests a hearing is a participant that you suspended or removed from WIC participation during a certification period, that person is entitled to continue to receive WIC vouchers and nutrition care pending the hearing decision as long as WIC Program received the fair hearing request within 15 days of the notification of suspension or removal from WIC participation.

A person who appeals the denial of an initial WIC application is not eligible to receive WIC vouchers and nutrition care pending the results of the hearing.

A person who appeals the denial of continued WIC eligibility at a repeat certification after the expiration of a previous certification period, is also not eligible to receive WIC vouchers and nutrition care pending the hearing decision.

SCHEDULING FAIR HEARINGS

The Department of Public Health schedules a hearing within three weeks of their receipt of a request. The hearing is in a location convenient to the person requesting the hearing.

The appellant will receive written notice of the hearing at least 10 days before the hearing is scheduled.

Prior to the hearing date, the hearing may be resecheduled by the appellant, the local WIC program, or the hearing officer, but only with advance notice to all parties involved.

Any time prior to the date of the fair hearing, the appellant may withdraw the appeal by requesting in writing that it be cancelled.

THE FAIR HEARING PROCEDURE

The Commissioner of Public Health appoints the officer who conducts the hearing. The hearing officer is someone who is not involved in the decision that is under appeal. This guarantees the impartiality of the hearing.

WIC fair hearings are informal. The appellant can bring legal counsel or anyone else to be her/his representative (at the appellant's own expense). Both the appellant and the local WIC program have the opportunity to present their cases and any supporting documentation or information.

FAIR HEARING DECISIONS

Within 45 days of the initial receipt of the request for a hearing, the hearing officer will mail her/his decision to both parties.

The signed decision of the hearing officer is final. If the hearing officer decides in favor of the appellant, you must fully implement the decision within seven days after receiving the decision.

If the appellant is dissatisfied with the final decision of the hearing officer, s/he has the right to a judicial review by filing a complaint with the Superior Court in the county where s/he resides or has her/his usual place of business or in Suffolk County within thirty days after the effective date of the hearing decision.

The State WIC Office keeps a written record of all hearings. These written records are preserved for a period of three and a half years from the end of the fiscal year to which they pertain.

TRANSFERS

MASSACHUSETTS USES THE SAME POLICY FOR IN-STATE AND OUT-OF STATE TRANSFERS.

YOU MUST ENROLL ALL TRANSFERRING PARTICIPANTS--INCLUDING OUT-OF-STATE TRANSFERS--FOR THE DURATION OF THEIR CURRENT CERTIFICATION PERIOD, WHETHER THEY ARE IN A PRIORITY YOU CURRENTLY SERVE OR NOT.

BY 60 DAYS FROM THE ISSUE DATE OF THEIR LAST SET OF VOUCHERS, OR BY THE END OF THEIR CERTIFICATION PERIOD (whichever comes first), TRANSFERRING PARTICIPANTS MUST EITHER PICK UP VOUCHERS AT THE NEW WIC PROGRAM OR RETURN TO THEIR OLD WIC PROGRAM TO RE-ENROLL.

** TRANSFERS OUT OF YOUR PROGRAM:

1. For each participant transferring, check that her/his certification period will last for at least another six weeks.

   - o If the certification will run out within six weeks, schedule a (repeat) certification appointment for the participant with your nutritionist.

   or

   - o If the certification will run out within six weeks and the new WIC program is willing, the participant may receive the (repeat) certification appointment at the new WIC program.

2. Fill out the transfer form completely within five business days of the transfer request.

   a. One copy for the participant
   b. One copy for the program to which the participant transfers
   c. One copy for the participant's file

3. Contact the program to which the particiant is transferring, if possible, to arrange for the first voucher pick-up. If it is not possible for you to arrange the participant's voucher pick-up, explain to the transferring participant that it is her/his responsibility to make the arrangements her/himself.

4. When a participant signs the affidavit of rights and responsibilities at a certification, s/he automatically gives you permission to make copies of her/his records for a transfer. Send a complete copy of the most recent certification records to the participant's new WIC program. Send them within 30 days of the transfer request. Include:

    a. Income eligibility form
    b. Signed affidavit of participant rights and responsibilities
    c. Complete nutrition certification and assessment forms

5. If the participant is transferring to a WIC program out of state, it would be useful for the new WIC program to have a copy of the participant's certification records. Since you may not have the address of the new WIC program, you should fill out the transfer form and give it to the participant. Then either:

    o Send a copy of the certification records with the participant

    or

    o Tell the participant to tell the new WIC program to request the copies of the certification records from you once s/he gets to her new WIC program

6. Terminate each transferring participant's computer record using the standard termination procedure. See Part IV, Section A.12b, TERMINATION PROCEDURES.

** TRANSFERS INTO YOUR PROGRAM:

1. When a participant arrives at your program for vouchers, s/he should have a copy of the completed Massachusetts transfer form.

2. Start a file for the participant using the information found on the transfer form, and issue vouchers to her/him as close as possible to one month from the issue date of the participant's previous set of vouchers.

3. Enter the participant's record into your computer file using the actual certification dates.

4. If a participant arrives at your program without having notified the former WIC program of her/his plans to transfer, you must complete the transfer form yourself within five business days from the participant's request. Call the old WIC program for the appropriate information to fill out the transfer form.

    a. Send one copy of the form to the old WIC program
    b. Give one copy to the participant
    c. Keep one copy for the participant's file

5. If the participant arrives at your program from out of state with a valid "Verification of Certification" (VOC) card or with a valid state-produced transfer form, you do not need to fill out the Massachusetts transfer form. Use the information included on the out-of-state forms to complete the transfer. The form should provide you with:

    a. participant name
    b. date of birth/expected date of confinement/date of delivery (whichever applies)
    c. certification date
    d. nutritional risk reason
    e. date of last voucher pickup
    f. name of former WIC program/signature of WIC staff

    You must have this information in order to enroll the participant in your program.

6. It is not necessary to have copies of a participant's certification records before you start issuing vouchers to her/him. The records are useful, however, to ensure continuity of nutrition care for the participant.

If you receive a transfer form from a program but the particiant never shows up, complete the bottom of the transfer form with "no-show" as the disposition, and return the entire form and the certification records to the original WIC program.

MASSACHUSETTS WIC PROGRAM

Interagency Transfer Form

Date Form Initiated: _____ Agency Where Originated: _____

Signature of WIC Staff Completing Form: _____

_____
(Print Name)

Name of Participants in Family	EDC/DOB	WIC Type	Date of Init. Cert.	Date of Most Recent Cert.	Food Pkg.	Current Cert. Reason
1.						
2.						
3.						
4.						

New Address: _____

New Phone Number: _____ Date of Last Pick Up: _____

I understand I need to contact: _____ _____
WIC Agency Telephone

_____ _____
Address WIC Staff Contact Person

to make an appointment to receive my next WIC vouchers. If I do not contact either the WIC agency where I used to receive vouchers or the WIC agency where I would next like to receive WIC vouchers by _____ I understand I/we will be terminated from the WIC Program. If I feel this decision is unfair, I understand I may contact the local or state WIC agency to request a Fair Hearing. The state WIC office telephone number is (617) 727-6876.

_____ _____ _____
Authorized Signature Date WIC Staff Witness Signature

Your next appointment to receive vouchers is _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, DC 20250

Participant(s) Name: _____ Program: _____

Date: _____ Address: _____

Name of WIC Staff: _____ _____

Disposition: _____

Comments:

TERMINATIONS

PARTICIPANTS ARE REMOVED FROM ACTIVE PARTICIPATION IN THE WIC PROGRAM DUE TO INELIGIBILITY AS DEFINED BY FEDERAL REGULATIONS AND STATE AND LOCAL POLICY.

TERMINATION MAY TAKE PLACE BOTH IN MID-CERTIFICATION AND AT THE END OF A CERTIFICATION PERIOD.

REASONS FOR TERMINATION

A PARTICIPANT MAY BE TERMINATED FROM THE WIC PROGRAM FOR REASONS OF INELIGIBILITY OR NON-COMPLIANCE WITH WIC PROGRAM POLICIES AND PROCEDURES.

The following is a list of reasons a participant may be terminated from the WIC Program. See the Procedure Manual section listed next to each item for more information on each kind of termination.

REASON	PROCEDURE MANUAL REFERENCE
Higher Priorities Waiting	Part IV, Section A.2 Part IV, Section D.1
Categorical Ineligibility	Part IV, Section A.4a(1)
Geographical Ineligibility	Part IV, Section A.4a(2)
Income Ineligibility	Part IV, Section A.4a(3)
No Longer at Nutritional Risk	Part IV, Section A.4a(4)
Expiration of Certification Period	Part IV, Section A.6a
Missed Voucher Appointments	Part IV, Section A.7b
Participant Fraud and Abuse	Part IV, Section A.9
Transfers	Part IV, Section A.11

TERMINATION PROCEDURES

LOCAL PROGRAMS MUST DEVELOP AND FOLLOW A PROTOCOL FOR PROCESSING TERMINATIONS IN A CONSISTENT AND TIMELY MANNER WHICH INCLUDES:

1. NOTIFICATION OF TERMINATION GIVEN TO PARTICIPANT
2. DOCUMENTATION OF TERMINATION NOTED IN PARTICIPANT RECORD
3. COMPUTER INPUT FOR TERMINATIONS SENT TO STATE OFFICE
4. TERMINATED RECORDS FILED IN APPROPRIATE MANNER

TERMINATED PARTICIPANT RECORDS MUST INCLUDE ALL FORMS DOCUMENTING ELIGIBILITY AND NOTIFICATION OF TERMINATION.

NOTIFICATION OF TERMINATION

All participants must be informed of impending termination at least 15 days prior to termination. Notification of termination must always be in writing.

DOCUMENTATION OF TERMINATIONS

Documentation of termination notification must always be included in the participant's record. This documentation can occur by:

- putting a copy of the participant's notification letter in the participant record

OR

- documenting the following in the participant's record:
  - The date of notification of termination (date the letter was sent or given to the participant)
  - The reason for termination
  - The initials of the staff person who completed the termination

COMPUTER INPUT FOR TERMINATION

Computer input for terminations must be submitted in a timely manner. See Part V, Section A.3a(3b) for guidelines on mailing input.

FILING INACTIVE RECORDS

Records of participants who have been terminated must include all forms documenting their original eligibility. This includes:

- Certification and assessment forms
- Income Eligibility form(s)
- Affidavit of Rights and Responsibilities
- Medical Referral Form(s)
- Any other forms used for certification or documentation (e.g., growth charts)

Terminated records must also include documentation that the participant received notice of termination. (See DOCUMENTATION OF TERMINATIONS, above.)

All terminated records must be kept for 3½ years from the end of the fiscal year to which the record pertains. See Part IV, Section C for more information on recordkeeping requirements.

WIC FORMS

THE NUTRITION, FISCAL, FOOD DELIVERY AND PROGRAM SECTIONS OF THE STATE WIC OFFICE HAVE ALL DEVELOPED STANDARD FORMS/FORM LETTERS FOR USE BY LOCAL WIC PROGRAMS.

The following sections outline the forms produced by the State WIC Office for local program use.

STANDARD FORMS PRODUCED BY THE STATE WIC OFFICE

YOU MUST USE THE STANDARD FORMS PRODUCED BY THE STATE WIC OFFICE FOR CERTIFICATION, TRANSFERS, AND FAIR HEARING APPEALS

Federal Regulation require the State WIC Office to design standard forms for certification purposes. In Massachusetts, these forms include:

a) Affidavit of participant rights and responsibilities. See Part IV, Section A.4b.

b) Income eligibility form. See Part IV, Section A.4a(3b).

c) Assessment and certification forms for pregnant women, postpartum and lactating women, infants and children. See Part IV, Section A.4a(4a).

You must use these forms when completing a certification. Order the forms from the State WIC Office. See Part IV, Section B.2, ORDERING FORMS PRODUCED BY THE STATE WIC OFFICE.

-- If you wish to use a different form to replace one of the standard forms, you must receive written approval from the State WIC Office.

-- Some programs use additional forms, such as an agency application form.

MANDATORY PROGRAM PARTICIPATION FORMS

YOU MUST USE THE MANDATORY WIC FORMS IN THE COURSE OF CERTIFYING AND SERVING YOUR PARTICIPANTS

In order to standardize WIC services across Massachusetts, you must use the mandatory WIC forms. The mandatory forms are:

1. Medical Referral Forms (mandatory when medical records are not readily available). See Part IV, Section A.2.

   -- Pregnant Women
   -- Postpartum and Lactating Women
   -- Infants (Ages Birth to 12 Months)
   -- Children (Ages 12 Months to 5 Years)
   -- Dental (mandatory when poor oral health is the certification reason)

2. Assessment and Certification Forms. See Part IV, Section A.4a(4a).

   -- Pregnant Women
   -- Postpartum and Lactating Women
   -- Infants (Birth to 12 Months)
   -- Children (1 to 5 Years)

3. Nutrition Assessment Forms (mandatory when Nutrition Questionnaire is not used.) See Part IV, Section A.4a(4a).

   -- Pregnant Women
   -- Postpartum and Lactating Women
   -- Infants (Birth to 12 Months)
   -- Children (1 to 5 Years)

4. Nutrition Questionnaire (mandatory when Nutrition Assessment Form is not used.) See Part IV, Section A.4a(4a).

   -- Pregnant Women
   -- Postpartum and Lactating Women
   -- Infants (Birth to 12 Months)
   -- Children (1 to 5 Years)

5. "Your Rights and Responsibilities as a WIC Participant" (affidavit). See Part IV, Section A.4b.

6. "Income Eligibility Form". See Part IV, Section A.4a(3).

7. "Interagency Transfer Form" (transfer request form). See Part IV, Section A.11.

8. Fair Hearing forms (when a participant wishes to appeal a WIC decision). See Part IV, Section A.4d(4).

   -- "Request for a Fair Hearing"
   -- "What is a WIC Fair Hearing?" (pamphlet)

9. Equipment Receipt Form. See Part IV, Section B.1e(3).

OPTIONAL PROGRAM PARTICIPATION FORMS

USE THE OPTIONAL WIC FORMS AND PAMPHLETS AS YOU NEED THEM

The State WIC Office produces forms and pamphlets which you should use as you need them.

These optional forms include a wide variety of explanatory pamphlets and nutrition education materials. The Massachusetts WIC Program is constantly expanding its offerings of nutrition education material in a variety of languages.

Use whichever forms, pamphlets, and translations are most appropriate for your own needs.

STANDARD LETTERS

THE STATE WIC OFFICE DESIGNS STANDARD LETTERS THAT YOU SHOULD USE TO COMMUNICATE WITH PARTICIPANTS AND VENDORS.

The State WIC Office has designed standard form letters for your use. These form letters meet the notification requirements established by Federal regulations and the State WIC office.

You are not required to use these letters, although it is a good idea. Using standard letters helps ensure that WIC participants across the state receive clear and consistent information about the WIC Program.

USING STANDARD FORM LETTERS

When you use standard form letters, print them on your own letterhead stationery, and be sure to include a phone number and the name of a contact person.

Standard form letters designed by the State WIC Office include:

Letters for participants	Part	Section
Waiting List Notification Letter	IV	A.2
Not Eligible Letter	IV	A.4a(1)
Notification of Expiration of Certification Period Letter	IV	A.6a
No Longer Eligible Letter (Categorical)	IV	A.6a
No Longer Eligible Letter (Criteria)	IV	A.6a
Missed Vouchers Letter	IV	A.7b
Letters for vendors		
Vendor Authorization Expiration Letter	V	B.3a
Vendor Application Cover Letter	V	B.3c
Vendor Application Receipt	V	B.3c
Late Application Letter	V	B.3d
Food Stamp Disqualification Letter	V	B.4a
Vendor Acceptance Letter	V	B.6
Vendor Rejection Letter	V	B.6
Return of Stamp Letter	V	B.7
Vendor Stamp Receipt	V	B.8a
Quarterly Price Report Letter	V	B.13a

USING LOCAL PROGRAM-PRODUCED FORM LETTERS

When developing your own form letters, all information found on the State-produced standard letters must be included.

NOTE: All program-produced materials disseminated to the public must contain the current non-discrimination clause. See Part IV, Section B.3, CIVIL RIGHTS STATEMENT.

Any materials involving eligibility determination must contain information on fair hearings, including the identification of the MA WIC hotline, 1-800-WIC-1007. See Part IV, Section A.4d(4) for more information.

COMPUTER INPUT FORMS

See Part V, Section A.3a.

FISCAL FORMS

THE STATE WIC OFFICE PROVIDES LOCAL PROGRAMS WITH STANDARD FORMS FOR REPORTING MONTHLY EXPENDITURES AND CLOSEOUTS OF EACH FISCAL YEAR'S EXPENDITURES, AND FOR REQUESTING BUDGET AMENDMENTS.

REVISED FORMS AND GUIDELINES FOR THEIR USE ARE ISSUED BY THE STATE WIC OFFICE FOR EACH FISCAL YEAR.

CONTRACTS

EACH LOCAL AGENCY MUST RENEW ITS CONTRACT WITH THE STATE AGENCY FOR EACH FISCAL YEAR.

THE CONTRACT BETWEEN STATE AND LOCAL WIC AGENCIES CONSISTS OF:

- AGREEMENT
- EOHS GENERAL CONDITIONS
- ATTACHMENT A - STATEMENT OF WORK AND OBJECTIVES
- ATTACHMENT B - STATEMENT OF FISCAL CONDITIONS/PROGRAM BUDGET
- ATTACHMENT C - STATEMENT OF REPORTS AND APPLICABLE STATUTES, REGULATIONS AND MANUALS
- FINANCIAL INTEREST STATEMENT
- FINANCIAL DISCLOSURE STATEMENT
- CERTIFICATE OF AUTHORIZATION
- AFFIDAVIT OF COMPLIANCE (Commonwealth of Massachusetts Form AF-4A)
- CERTIFICATION OF COMPLIANCE WITH TAX LAWS
- CERTIFICATION OF NON-PROFIT STATUS

Copies of these forms are available from the State WIC Office.

MONTHLY EXPENDITURE REPORTS

MONTHLY EXPENDITURE REPORTS FOR EACH MONTH ARE DUE ON THE 15TH OF THE FOLLOWING MONTH.

PROGRAMS SHOULD SUBMIT THE ORIGINAL MONTHLY EXPENDITURE REPORT AND TWO COPIES.

MONTHLY EXPENDITURE REPORTS SHOULD BE MAILED OR HAND-DELIVERED TO:

ELLA NAYDICH
MASSACHUSETTS WIC PROGRAM
150 TREMONT STREET, 3RD FLOOR
BOSTON, MA 02111

Specific instructions for each page of the form are found on the back of the page.

It is the responsibility of the local agency for duplicate the monthly report forms for monthly submission.

A complete monthly report form contains the following:

A. Standard Invoice (CD-12)

B. Attachment I: Service Delivery Report - This report reflects services delivered during the month with reference to Attachment A - Standard Local Program Description of the WIC contract.

A signed certifcation must be made by the agency that all referenced activity did occur and that actual bills for expenses are available for review and shall be maintained in accordance with EOHS General Conditions 6A and 7.

C. Attachment II: Monthly Expenditure Report (MER) - This report identifies, for individual contract line items, expenses for the month, year-to-date, total approved budget and remaining funds. Report form line items are consistent with the RSC 600 B Rev II contract budget form.

D. Attachment III: Line Item Analysis -

p. 1 Payroll Expenses - provides a breakout for individual persons billed against total FTE for each position on page 1 of the MER and the computation of payroll taxes and fringe benefits.

p. 2 Travel Expenses - provides itemization of expenses billed against RSC line items 61 and 62

p. 3 Non-Capital Equipment - provides itemization of expenses billed against RSC line 68 of the MER

p. 4 Other Expenses - provides itemization of expenses billed against RSC lines 39-75 (except those noted above)

p. 5 Nutrition Education Expenses - identifies allocation of cost of allowable items toward the USDA requirement for expenditure of administrative funds for this purpose

MASSACHUSETTS WIC PROGRAM

Allowable Costs and Documentation Requirements

PERSONNEL COSTS

1. General Information

   A. Personnel costs will be reimbursed only for positions, taxes and health insurance as listed in your contract and approved for WIC reimbursement. (RSC 600 B Rev II - p. 8, "Reimbursable Cost" column.

   B. Personnel costs should be billed and will be reimbursed as they are actually incurred for a given calendar month, regardless of individual agency payroll periods or payroll days.

2. Salaries and Wages

   The following formulas should be used to calculate incurred expenses for each WIC staff person for each calendar month:

   A. Salaried positions:

   $$\frac{\text{Annual Salary Rate}}{\text{260 working days}} \times \text{\% time} = \text{Daily Rate}$$

   Daily Rate X #days paid in month = Expense this month

   B. Hourly positions:

   # hours worked X hourly rate = expense this month

   A personnel worksheet is included in the monthly report for FY 85.

3. Payroll Taxes

   The approved percentage rate for payroll taxes must be applied to actual total salaries and wages being billed for the month. Reimbursement will not be made for a rate in excess of the approved percentage rate as stated in your contract.

4. Health Insurance

   You may bill up to the maximum percentage rate allowable for WIC reimbursement without submitting itemized documentation for actual Health Insurance costs by using the following procedures:

   a. The allowable percentage must be applied against total actual salaries and wages incurred for the billing period to derive the amount of Health Insurance cost being billed

   AND

   b. you must provide certification with the report that the amount being billed does not exceed actual Health Insurance cost incurred for the billing period.

   In any given billing period, reimbursement for Health Insurance costs at a rate in excess of your allowable percentage rate may be made only if:

   a. full documentation of actual Health Insurance cost to date is provided

   AND

   b. actual Health Insurance cost to date as a percentage of actual payroll cost to date does not exceed your allowable percentage rate.

INDIRECT COSTS

You may bill up to the maximum percentage allowed for WIC reimbursement without submitting itemized documentation for actual indirect costs incurred by using the following procedures:

a. the allowable percentage must be applied against your actual direct personnel costs incurred for the billing period to derive the amount of indirect cost being billed

AND

b. you must provide certification with the report and invoice that the amount being billed does not exceed actual indirect Costs incurred for the billing period.

In any given billing period, reimbursement for indirect costs at a rate in excess of your allowable percentage rate may be made only if:

a. full documentation of actual indirect cost to date is provided

AND

b. actual Indirect Costs to date as a percentage of Actual Direct Personnel cost to date does not exceed your allowable percentage rate.

NON-PERSONNEL COSTS

1. General Information

A. Items billed for non-personnel costs will be reimbursed only if they are allowable items billed against a given line item as listed and approved in your purchase of service contract budget (RSC 600 B Rev 11, p. 9).

B. Non-personnel items are valid for billing against a contract line item only if they are incurred and the goods or services are received within the effective dates of the contract.

C. Non-personnel items that are valid for billing against an approved contract line item may be billed for the month in which expenditures were made and/or costs incurred.

NOTE: "Incurred Costs" has been defined by the State Comptroller's Office as goods and/or services ordered and received, but not paid in the billing month. (For example, if a service or product is ordered and received in November, but not paid for in November, this item may be billed as incurred on November monthly report.)

D. All complete documentation for allowable costs must be maintained by the Provider for audit purposes. Except as noted in the monthly report, copies of documentation do not need to be submitted with the report.

Documentation requirements for individual line items are attached.

NOTE: Under no circumstances are Agency Purchase Orders acceptable as documentation for costs incurred.

LINE ITEM: STAFF TRAINING

Allowable Costs:

a. Registration fees for conferences, seminars and in-service training sessions that are attended by WIC program staff and are related to the provision of WIC services.

b. Reasonable costs for meals and accommodations for attendance at training sessions. (Tax on hotel rooms in State of MA will not be reimbursed. MA meals tax will not be reimbursed.)

Required Documentation:

a. Payment documentation that clearly indicates

- date of payment
- check or cash voucher number
- recipient of payment
- total amount
- name and title of WIC staff attending

AND

a copy of the registration form or the agenda that clearly indicates

- sponsor of training
- date(s) of training
- time and place
- amount

b. Itemized, paid receipts that clearly indicate

- dates
- total amount
- date paid
- check or cash voucher number

Note: Reimbursement for allowable Staff Training costs cannot be made until after the training session has actually occurred. Therefore, if you or your agency has pre-paid for staff training costs, they can not be submitted for reimbursement until the month in which the session occurs.

For example:

FEBRUARY	MARCH	APRIL
Pre-register for April conference. Agency pays.		WIC staff attends conference. Submit bills for conference on April monthly report.

LINE ITEM: PROFESSIONAL FEES
(Will be specified in your contract)

Allowable Costs: Translators, Interpreters, Nutrition Consultants

Required Documentation:

Payment documentation that clearly indicates

- date of payment
- check or cash voucher number
- recipient of payment
- total amount
- purpose of payment

AND

Documentation of service provided that clearly indicates

- date(s) of service
- number of hours
- rate/hour
- purpose of service
- name of service provider
- total amount
- signature of service provider

LINE ITEM: CONTRACTED SERVICES
(Will be specified in your contract)

Allowable Costs: Payroll Processing Service, Equipment Maintenance contracts, etc.

Required Documentation:

Payment documentation of itemized invoices that clearly indicates

- date of payment
- check or cash voucher number
- recipient of payment
- total amount
- date(s) of service
- purpose of service

[If contract is paid yearly, bill must be pro-rated and may be submitted each month, at end of each quarter or at end of year. If the service period crosses into a new WIC fiscal year, the bill must be pro-rated as appropriate and each portion charged to the correct fiscal year.]

LINE ITEM: TELEPHONE

Allowable Costs: Charges for equipment, monthly service and toll calls necessary to operate WIC program.

Required Documentation:

If separate bill for WIC phones:

Copy of entire itemized bill with payment documentation indicating:

- agency or program name to which bill is sent
- date paid
- check or cash voucher number
- amount paid

OR

If WIC is charged a portion of total agency phone bill:

A statement that indicates the method used to calculate monthly charge, the amount being charg signature and title of agency fiscal person or WIC Director

AND

Copy of p. 1 and p. 2 of itemized agency phone bill (indicates agency name, service period and total amount of bill) with payment documentation indicating:

- date paid
- check or cash voucher number
- amount paid

(At beginning and end of fiscal years, phone bills must be pro-rated based on service period a cost submitted for appropriate fiscal year)

LINE ITEM: POSTAGE

Allowable Costs: Cost of stamps, meter charges, postage for packages, etc., related specifically to operation WIC program.

Required Documentation:

Itemized, paid receipts that clearly indicate

- date of payment
- quantity
- total amount
- purpose of expenditure
- check or cash voucher number

LINE ITEM: ADVERTISING

Allowable Costs: Recruitment for WIC staff positions

Required Documentation:

Itemized, paid invoice that clearly indicates:

- date of payment
- total amount
- purpose of ad
- check or cash voucher number

AND

Copy of ad indicating date(s) it appeared

LINE ITEM: PRINTING/REPRODUCTION

Allowable Costs: Cost for copying, mimeo, printing, offset, etc. specifically related to operation of WIC Prog

(NOTE: Purchase of paper stock and supplies for use on "in-house" machines is reported under "OFFICE SUPPLIES")

Required Documentation:

Itemized, paid invoices that clearly indicate:

- order date
- date of payment
- total amount
- check or cash voucher number
- purpose of expense
- quantity
- recipient of service

If WIC Program is charged per copy for use of "in-house" agency machines, you must retain an itemized statement of charges that clearly indicates:

- number of copies
- charge per copy
- dates
- total amount charged to WIC
- signature and title of agency fiscal person or WIC Director

---

LINE ITEM: OFFICE SUPPLIES

Allowable Costs: Consumable items necessary for normal office functions of WIC program (ie: pens, paper, paper clips, files, etc.) Also, cost of paper stock and supplies needed for "in-house" use of copy machines.

Required Documentation:

If billed directly to WIC program, you must retain itemized paid invoices that clearly indicate:

- date of order
- quantity
- description of goods
- recipient of goods
- date of payment
- amount paid
- check or cash voucher number

If supplies for WIC are ordered from agency central supply room, you must retain an itemized statement of charges that clearly indicates:

- description of items
- number of items
- cost per item
- total cost being charged to WIC
- date ordered/taken from supply room
- signature and title of agency fiscal person or WIC Director

---

LINE ITEM: UTILITIES

Allowable Costs: Heat, electricity and water charges for WIC space

Required Documentation:

If billed directly to WIC program, you must retain itemized, paid invoices that clearly indicate:

- dates of service
- recipient of service
- total amount
- date paid
- check or cash voucher number

If WIC is charged a portion of total agency bill, you must retain an itemized statement of charges that clearly indicates:

- method used to determine charge to WIC
- total amount
- signature and title of agency fiscal person or WIC Director

AND

Copy of itemized, paid invoices that clearly indicate:

- dates of service
- recipient of services
- total amount
- date paid
- check or cash voucher number

LINE ITEM: REPAIRS AND MAINTENANCE

Allowable Costs: Costs incurred for repair and/or maintenance of WIC Program space.

Required Documentation:

If billed directly to WIC program, you must retain itemized, paid invoices that clearly ind

- dates of service
- recipient of service
- total amount
- date paid
- check or cash voucher number

If WIC is charged a portion of total agency bill, you must retain an itemized statement of charges that clearly indicates:

- method used to determine charge to WIC
- total amount
- signature and title of agency fiscal person or WIC Director

AND

Copy of itemized, paid invoices that clearly indicate:

- dates of service
- recipient of services
- total amount
- date paid
- check or cash voucher number

LINE ITEM: OCCUPANCY RENT

Allowable Cost: Rent for WIC program space paid to a third party landlord

Required Documentation:

If billed directly to WIC program, you must retain itemized paid receipt that clearly indic

- month for which rent is paid
- date paid
- total amount
- check or cash voucher number

If WIC is charged a portion of total agency rent, you must retain an itemized statement of that clearly indicates:

- month for which rent is charged
- method used to determine amount
- total amount
- date paid
- check or cash voucher number

LINE ITEM: OTHER OCCUPANCY COST: (_____)
(Will be specified in your contract)

Allowable Costs: Only those items specified on this line in your contract as cost incurred for WIC space. (insurance)

Required Documentation:

If billed directly to WIC program, you must retain itemized, paid invoices that clearly indicate:

- dates of service
- recipient of service
- total amount
- date paid
- check or cash voucher number

If WIC is charged portion of total agency bill, you must retain an itemized statement of charges that clearly indicates:

- method used to determine charge to WIC
- total amount
- signature and title of agency fiscal person or WIC Director.

AND

Copy of itemized, paid invoices that clearly indicate:

- dates of service
- recipient of services
- total amount
- date paid
- check or cash voucher number

LINE ITEM: STAFF MILEAGE

Allowable Costs: Mileage costs for WIC staff (as indicated on RSC 600 B p. 8 "Reimbursable Cost" column) necessary to carry out official WIC business, attend conferences or training, etc.
NO TOLLS, NO PARKING FEES, NO TICKETS
Maximum Reimbursement for mileage :$.20/mile

Required Documentation:

Itemized, paid receipts that clearly indicate

- name of WIC staff
- point of departure and destination
- date(s) of trip(s)
- purpose of trip
- total miles and rate per mile
- total amount paid
- date paid
- check or cash voucher number

LINE ITEM: PUBLIC TRANSPORTATION

Allowable Costs: Bus, train, subway, plane fares necessary for WIC staff to carry out official WIC business or attend training or conferences.

Required Documentation:

Itemized, paid receipts that clearly indicate:

- name of WIC staff
- point of departure and destination
- date(s) of trip(s)
- purpose of trip(s)
- total amount
- date paid
- check or cash voucher number

For long distance travel, you must also retain a copy of paid ticket that clearly indicates:

- date of trip
- amount
- point of departure and destination

LINE ITEM: EDUCATION SUPPLIES (NUTRITION)

Allowable Costs: Pamphlets, books, films, subscriptions, journals, posters, film rentals, etc. specifically related to nutrition education or nutrition services of WIC program

Required Documentation:

Itemized, paid invoices that clearly indicate:

- order date
- quantity
- recipient of goods
- description of goods
- date of payment
- amount paid
- check or cash voucher number

[NOTE: bills for subscriptions must be pro-rated for number of months in current fiscal year if subscription dates cross into next fiscal year.]

LINE ITEM: NON-CAPITAL EQUIPMENT

Allowable costs: Small equipment items that cost less than $100 to purchase and are programmatically necessary and justifiable (such as calculators; locking cases for transport of vouchers from site to site; blenders, etc. for food demonstrations; child safety gates for stairways; bulletin boards, chalk and free standing blackboards).

NOTE: NO OFFICE FURNITURE ITEMS (desks, chairs, file cabinets, etc.) will be allowed for reimbursement under your 07 contract.

Required documentation:

Itemized, paid invoices that clearly indicate:

- date of order
- description of item(s)
- quantity
- amount
- recipient of item
- date of payment
- amount paid
- check or cash voucher number

LINE ITEM: OTHER PROGRAM COST (_____)

Allowable Costs: Only as specified in your contract

ie: Medical Supplies
Lab Fees

Required Documentation:

Itemized, paid invoices that clearly indicate

- date of order
- description of goods or services
- quantity
- total amount
- recipient of goods or services
- date of payment
- amount paid
- check or cash voucher number

THE COMMONWEALTH OF MASSACHUSETTS — SAMPLE

EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

STANDARD INVOICE — COMPTROLLER

TYPE	EFFECT	AGENCY CODE	DAY NUMBER	AGENCY VOUCHER NUMBER

PURCHASE ORDER NO	(B) VENDOR'S CODE	TERMS	VENDOR'S INVOICE NO.	DATE
	042-713-124-000-6	1	WIC 11/84	NOV 12 THRU 13 1984

(A) STATE AGENCY: DPH/FHS/WIC PROGRAM

(B) LOCATION TO WHICH DELIVERED: 150 Tremont St., 3rd floor, Boston, MA 02111

COMPTROLLER CODE
F.Y. [illegible]

NAME AND ADDRESS OF VENDOR:
Maytown Health Center
134 Newtown Road
Maytown, MA 01011

(C) VENDOR'S CERTIFICATION:
I certify that the goods were shipped or the services rendered as set forth below.
Annabelle Lewis
(Please Sign in Ink)

	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	(D)	Reimbursement for WIC services provided to DPH/FHS/WIC for the month of NOVEMBER 1984 under contract ID number WI5-72-114-9007. "It is certified that all bills, including payroll and travel, which were submitted for payment prior to this submission and for which reinbursement has been received, have been paid with no exceptions." "The above signature certifies that reimbursement received for general and administrative (indirect) costs does not exceed the actual general and administrative (indirect) costs incurred for the billing period."		(E) 11,048 71

INSTRUCTIONS TO VENDOR:
1. Do not fill in shaded areas.
2. This form supersedes all previous Standard Invoices.
3. Use a separate invoice for each separate Purchase Order or Delivery on contract.
4. Direct all inquiries to the state agency.

DO NOT REMOVE CARBONS

Check if final delivery ☐

	$
TOTAL	11,048.71
CASH DISCOUNT	
NET AMOUNT	11,048.71
TOTAL LIQUIDATION	

EXPENDITURE ACCOUNT ACTIVITY	EXPENDITURE ACCOUNT SUBSIDIARY	OBJECT CODE	EXPENDITURE AMOUNT	LIQUIDATION AMOUNT
RSC Regulation: Rate Filing:				

AGENCY Examined and measured by _____ Price verified by _____

Date goods received _____ Invoice figured by _____

Entered by voucher ledger _____ Approved by _____

COMPTROLLER: Pre-audit by _____

FORM CO 12 (REV. 11-1 200M 4 83 172847

Completing the Standard Invoice (CD-12)

A. State Agency Name and Address: type as shown

B. Vendor's Code: Type your 13 digit vendor code. This number consists of your Federal Employer Identification (FEI) number and four additional digits assigned by the State Comptroller

C. Vendor's Certification: sign in ink-signature stamps not acceptable

D. The following 3 statements must be included on your invoice:

"Reimbursement for WIC services provided to DPH/FHS/WIC for the month of _____, 19___ under contract ID number _____."

"It is certified that all bills, including payroll and travel, which were submitted prior to this submission and for which reimbursement has been received, have been paid with (the following) (no) exceptions."

"The above signature certifies that reimbursement received for general and administrative (indirect) costs does not exceed the actual general and administrative (indirect) costs incurred for the billing period."

E. Enter the total cost being billed from the Monthly Expenditure Report, Attachment II, p. 2.

Attachment I

MASSACHUSETTS WIC PROGRAM
SERVICE DELIVERY REPORT

Agency Name: _____ Completed by: _____

Agency Address: _____ Title: _____

_____ Telephone: _____

Contract ID #: _____ Source of funds: Fed'l _____ State _____

The following is an account of activity for services delivered under the above identified contract for the Massachusetts WIC Program for the month of _____, 19 ____ and is in compliance with Attachment A:

Individual Appointments	Group Appointments
1. Certifications	1. Certifications
Total # scheduled _____	Total # scheduled _____
# of applicants seen _____	Total # of applicants seen _____
# of applicants not seen _____	
2. Repeat Certifications	2. Repeat Certifications
Total # scheduled _____	Total # scheduled _____
# of participants seen _____	Total # of participants seen _____
# of participants not seen _____	
3. Nutrition Education	3. Nutrition Education
Total # scheduled 1	Total # scheduled _____
# of participants seen _____	Total # of participants seen _____
# of participants not seen _____	

VOUCHER DISTRIBUTION

Total number of participants to whom vouchers were distributed this month _____

CERTIFICATION: The preceeding is a summary of activity which occurred during the month of _____, 19____. The following pages reflect actual expenses for the month/contract; the actual bills are available for review, and shall be maintained in accordance with EOHS General Conditions 6A and 7D.

Authorized Signature Date Name Title

MASSACHUSETTS WIC PROGRAM

Service Delivery Report

Instructions

1. Individual Appointments: For each type of appointment

   a. total # scheduled: enter the number of appointments actually scheduled for applicants during the month for your total program

   b. # applicants: enter the number of applicants actually seen during a scheduled appointment for your total program

   c. # applicants not seen: enter the number of times an appointment was scheduled but an applicant was not seen (i.e., did not show)

2. Group Appointments: For each type of appointment

   a. Total # scheduled: enter the number of appointments actually scheduled for your total program

   b. Total # seen: enter the combined total number of people who attended these appointments

3. Voucher Distribution:

   Enter the total number of participants who were given a set of vouchers during this calendar month. (NOTE: issue dates on the vouchers, late pick-ups, etc., are not factors in this count. Merely tally the number of participants given a set of vouchers.)

Attachment II
p. 1

MASSACHUSETTS WIC PROGRAM
MONTHLY EXPENDITURE REPORT

Month of _____

Agency Name: _____ Completed by: _____

Agency Address: _____ Title: _____

_____ Telephone: _____

Contract ID #: _____ Source of funds: Fed'l _____ State _____

PERSONNEL COSTS	CURRENT MONTH EXPENSE	YEAR-TO-DATE EXPENSE	TOTAL APPROVED FUNDS (WIC)	REMAINING FUNDS
01 Executive Director				
02 Assistant Executive Director				
03 Business Manager				
04 Program Director				
05 Educational Director				
06 Residential Director				
07 Bookkeeping/Secretarial/Clerical				
Other Admin. Salaries & Wages: 08 Program Assistant				
09				
10				
11 Physician				
12 Psychiatrist				
13 Psychologist - Licensed Ph.D.				
14 Psychologist - Other				
15 Spec. Ed. Teacher/Mtrs.				
16 Spec. Ed. Teacher/Other				
17 Teacher				
18 Social Worker - LICSW or LCSW				
19 Social Worker - LSW				
20 Social Worker - LSWA				
21 Counselor - Masters				
22 Nurse - RN				
23 Nurse - LPN				
24 Physical Therapist				
25 Occupational Therapist				
26 Speech/Hearing Therapist				
Other Direct Care Salaries: 27 Nutritionist				
28 Nutrition Assistant				
29 Nutrition Aide				
30				
31 Housekeeping				
32 Maintenance				
33 Food Service				
Other Support Staff Salaries: 34				
35				
36				
TOTAL SALARIES & WAGES				
37 Payroll Taxes (%)				
38 Fringe Benefits				
TOTAL PERSONNEL COSTS				

Attachment II
p. 2

MASSACHUSETTS WIC PROGRAM
MONTHLY EXPENDITURE REPORT

Month of _____

Agency Name: _____ Contract ID # _____

	LINE ITEM	CURRENT MONTH EXPENSE	YEAR-TO-DATE EXPENSE	TOTAL APPROVED FUNDS (WIC)	REMAINING FUNDS
	Personnel Costs (brought forward)				
39	Staff Training				
	PROFESSIONAL FEES				
40					
41					
	CONTRACTED SERVICES				
42					
43					
	MANAGEMENT & GENERAL				
44	Telephone				
45	Postage				
46	Advertising				
47	Printing/Reproduction				
48	Office Supplies				
	OCCUPANCY				
49	Real Estate Tax				
50	Prop. & Liability Insurance				
51	License/Permit Fees				
52	Utilities				
53	Repairs & Maintenance				
54	Occupancy Rent				
55	Other				
	TRANSPORTATION				
56	Gas & Oil				
57	Vehicle Repair/Maintenance				
58	Vehicle Lease				
59	Vehicle Insurance				
60	Vehicle Excise Tax				
61	Staff Mileage Allowance				
62	Public Transportation				
63	Other				
	GENERAL				
64	Food				
65	Kitchen Materials/Supplies				
66	Medicine/Pharmacy				
67	Educational Supplies: Nutrition				
68	Non-capital Equipment				
69	Equipment Rental				
70	Interest				
71	Depreciation				
	OTHER CONTRACT COST				
72					
73					
74					
75.	INDIRECT COST (%)				
	TOTALS				

Attachment III
p. 1

MASSACHUSETTS WIC PROGRAM
MONTHLY EXPENDITURE REPORT

Month of _____

Agency Name: _____ Contract ID # _____

PAYROLL EXPENSES RSC 600 B LINES 01-38

	Position/ RSC 600 B Line #	FTE	# Days Billed This Month	Expenses This Month/ Person	Expenses This Month/ Position
TOTAL SALARIES & WAGES					
_____% Payroll Taxes					
_____% Fringe Benefits					
TOTAL PERSONNEL COSTS					

Attachment III
p. 2

MASSACHUSETTS WIC PROGRAM
MONTHLY EXPENDITURE REPORT

Month of _____

Agency Name: _____ Contract ID # _____

TRAVEL EXPENSES RSC 600 B LINES 61 and 62

				61			62
Name Title	Date of Travel	From where/ To where	Purpose of Travel	# Miles	Cost per mile	Amount	Fares (bus, subway, etc.)
Totals:							
Amount Reimbursable:					.20		

Attachment III
p. 3

MASSACHUSETTS WIC PROGRAM
MONTHLY EXPENDITURE REPORT

Month of _____

Agency Name: _____ Contract ID # _____

NON-CAPITAL EQUIPMENT RSC 600 B LINE 68

DESCRIPTION OF ITEM	DATE OF EXPENSE	PURCHASED FROM	VENDOR INVOICE #	AMOUNT
			TOTAL	

Note: The purchase of capital equipment and office furniture is prohibited under this contract.

MASSACHUSETTS WIC PROGRAM
MONTHLY EXPENDITURE REPORT

Month of _____

Agency Name: _____ Contract ID # _____

OTHER EXPENSES

RSC LINE #	CATEGORY/ LINE ITEM	DATE OF EXPENSE	PURCHASED FROM	VENDOR INVOICE #	ITEMS PURCHASED	LINE ITEM TOTAL	CATEGORY TOTAL
					TOTAL		

Attachment III
p. 5

MASSACHUSETTS WIC PROGRAM
MONTHLY EXPENDITURE REPORT

Month of _____

Agency Name: _____ Contract ID # _____

NUTRITION EDUCATION EXPENSES

For each line item listed below, indicate how much of the amount listed in "Current Month Expense" for that line item can be allocated to Nutrition Education activities:

RSC #	LINE ITEM	AMOUNT
39	Staff Training	
40	PROFESSIONAL FEES:	
41		
47	Printing/Reproduction	
61	Staff Mileage	
62	Public Transportation	
67	Education Supplies	
	TOTAL	

Note: The purpose of this report is to document allowable expenses for Nutrition Education activities in order to meet the USDA requirement that 1/6 of total administrative funds are expended for this purpose. For a definition of allowable costs, please see reverse side.

One-sixth Nutrition Education

On a statewide annual basis, Massachusetts WIC is required to document that a minimum of one-sixth (16.67%) of all administrative funds expended are for nutrition education services to participants. Fot FY'85, each local WIC program is requested to indicate how they will approach or exceed this requirement.

Nutrition education costs are limited to activities which are distinct and separate efforts directed at helping participants understand the importance of nutrition and its relationship to health.

In identifying your program's costs for nutrition education, please use the following list of items identified in the USDA WIC regulations (Section 246.12 (b)(2)) as allowable nutrition education costs:

1) Salary and other costs for time spent on nutrition education consultations (both individual and group sessions).

2) Purchasing and/or producing nutrition education materials including handouts, flip charts, filmstrips, projectors, food models, or other teaching aids and mailing nutrition education materials to participants.

3) Training nutrition educators, including costs related to conducting training sessions and purchasing and producing training materials.

4) Conducting evaluations of nutrition education, including contractor involvement and time spent in developing data collection forms and compilation and analysis of data.

5) Salary and other costs incurred in developing the nutrition education portion of your program narrative.

6) Monitoring of nutrition education services.

7) Travel for purposes related to nutrition education.

Please note that the costs of dietary assessment for purposes of certification and the cost of prescribing and issuing supplemental foods are <u>not</u> allowable as nutrition education costs.

RECEIPT OF EQUIPMENT NOTICE

YOU MUST SEND TO THE STATE WIC OFFICE A COMPLETED RECEIPT OF EQUIPMENT NOTICE WHENEVER YOU RECEIVE EQUIPMENT.

MASSACHUSETTS WIC PROGRAM

Receipt of Equipment Notice

PROGRAM NAME _____

Description of Item (include make, model, color if applicable)

_____

_____

_____

Date received: _____

By whom: Name: _____

Title: _____

tel. no.: _____

Where will this item be located for use:

_____ Main WIC Program Office

_____ WIC Site: (Specify) _____

My signature below will verify that the item(s) described above have been received in good condition for use by the WIC Program.

_____
Program Director

_____
Date

Please attach packing or delivery slip and return to:

Barbara Loatman
Massachusetts WIC Program
150 Tremont Street, 3rd floor
Boston, MA 02111

BUDGET AMENDMENT REQUESTS

LOCAL PROGRAMS WISHING TO ALTER THEIR CONTRACT BUDGET MUST SUBMIT A BUDGET AMENDMENT REQUEST.

BUDGET AMENDMENT REQUESTS SHOULD BE SUBMITTED ACCORDING TO TIMELINES SPECIFIED IN INSTRUCTIONS RECEIVED EACH YEAR FROM THE STATE WIC OFFICE.

ALL REQUIRED SIGNATURES ON THE BUDGET AMENDMENT REQUEST MUST BE IN BLUE INK.

BUDGET AMENDMENT REQUESTS SHOULD BE SENT BY CERTIFIED MAIL OR HAND-DELIVERED TO:

ELLA NAYDICH
MASSACHUSETTS WIC PROGRAM
150 TREMONT STREET, 3RD FLOOR
BOSTON, MA 02111

BUDGET AMENDMENT REQUEST

The Budget Amendment Request consists of the following sections:

Part I: Agency Authorization

- o cover page: AMENDMENT # _____ TO AGREEMENT BETWEEN MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH AND _____
- o Certificate of Authorization
- o Tax Certification Statement

Part II: Amendment Request and Revised Budget

- o Purchase of Service Budget [RSC-600 B (Rev II]

Part III: Explanation/Justification

- o Narrative
- o Personnel Worksheet

GENERAL INFORMATION

A. Both personnel and non-personnel line item changes may be requested it they are reasonable, justifiable and within the State Agency guidelines for expenditures allowable for WIC reimbursement.

B. Any personnel changes that will significantly alter your currently approved WIC staffing pattern must have verbal approval from the State WIC Office prior to submitting your request.

C. Amendments to existing line items and creation of new line items, if requested and allowable, may be retroactive to the beginning date of your contract.

D. Please remember that changes made to Personnel lines may result in automatic changes to line items for Payroll Tax, Health Insurance and Indirect Cost.

E. The amendment date for newly created and fully expended line items which are being reinstated is the signing date by the Department of Public Health's Commissioner/designee.

All line items affected by the above ruling must be asterisked and footnoted with the following statement:

"Effective date for the spending of the line item(s) is the signature date of the Department of Public Health's Commissioner/designee."

GUIDELINES FOR COMPLETING THE BUDGET AMENDMENT REQUEST

Part I: Agency Authorization

A. Cover Page - Amendment

1. Insert amendment number at top of page (insert #1).

2. Insert name of contracted Agency as it appears on your current WIC contract.

3. Original signature is required and must be the person designated as authorized to sign contracts as noted on current, valid "Certificate of Authorization."

B. Certificate of Authorization

1. Complete all requested information.

2. Date of vote by Board of Directors must be within the last 12 months.

3. Signature of Clerk must be original. Date of Clerk's signature must be prior to (but not more than six months) or same date as that of signature by Agency representative on the Cover Page.

C. Tax Certification Statement

Complete and sign as indicated.

Part II: Purchase of Service Budget [RSC-600 (Rev II)]

Page 1: Cover sheet

Please complete the following items:

CONTRACT NO.: Enter the identification number of the WIC contract you are amending.

OPERATING AGENCY: Use agency name as it is stated on your current Contract.

BUSINESS OFFICE MAILING ADDRESS: Self-explanatory.

FEDERAL EMPLOYER I.D. #: Insert first nine (9) digits of your agency vendor number used for billing purposes on Blue Standard Invoice.

STATE VENDOR CODE SUFFIX: Insert last four (4) digits of your agency vendor number used for billing purposes on Blue Standard Invoice.

CONTRACT (VENDOR): Insert the name, title and phone number of the person who should be contacted for any inquires concerning this amendment.

PROGRAM NAME: Self-explanatory.

RECOMMENDED RATE: Insert the total "bottom line" amount for WIC reimbursement on your current contract.

NUMBER OF SERVICE UNITS PURCHASED UNDER THIS AGREEMENT: Insert your assigned caseload for the current fiscal year.

Pages 1-4: Program Questionnaire

Complete all items as they relate to the WIC Program for the current fiscal year. (If there are no changes in the program description, a copy of the completed form from the original contract is sufficient.)

Page 5: Check list/attachments

Items 1-23: Check all items that apply to this amendment and provide attachments where requested.

** Further explanation: An explanation of items checked that have an asterisk will be covered in Part III - Explanation/Justification. It is not necessary to provide this information twice.

NOTE: Pages 6 through 11 of this part are to be completed using your current contract budget as a base. If this amendment request is approved, these amended pages will be your revised contract budget and will be used for billing against the specified line items.

Page 6: Annual Direct Personnel Costs [TOTAL PROGRAM]

a. Insert additional position titles as they are stated on your current contract, if necessary.

b. (Column 1 and 2) "BASE BUDGET": Insert total FTE's and Total amounts for each position from your current contract.

c. (Column 3 and 4) "NEGOTIATED ADJUSTMENT": Insert change being requested as increase or (decrease) for any given line for FTE's and amounts.

d. (Column 5): "Negotiated Costs" represents the new budget total for each line item; calculated from "Base Budget" ± "Negotiated Adjustment."

e. Calculate "Total Salaries and Wages" for each column.

f. Calculate Payroll Taxes and Fringe based on your current approved % rates. (If you have requested a change in % rate, please indicate both old and new rates for each line.)

g. Calculate "Total Direct Personnel Costs" for each column.

Page 7 and 8: Annual Direct Program Costs [TOTAL PROGRAM NON-PERSONNEL]

a. Insert additional line items where applicable and as stated on your current contract.

b. (Column 1) "BASE BUDGET": Insert total amounts from your current contract for all applicable line items.

c. (Column 2) "NEGOTIATED ADJUSTMENTS": Insert any change being requested as increase or (decrease) for given line items.

d. (Column 3) "NEGOTIATED COSTS": represents the new budget total for each line item, calculated from "Base Budget" ± "Negotiated Adjustments."

Page 9: Personnel costs

a. Insert all position titles as on page 6.

b. (Column 1): ____ mo. Total Cost: Insert amounts from p. 6 "Negotiated Costs" column for each given line item. [NOTE: If your contract is for other than 12 months, this column should reflect the total costs for the specific duration of your contract. (e.g. 14 mos)]

c. (Column 2 and 3): Identify the amount and source of other support for given line items.

d. (Column 4 and 5): Enter totals for FTE's and amount allowed for WIC reimbursement for given line items.

Pages 10 and 11: Contract Costs

a. Insert additional line items as on p. 7 and 8.

b. (Column 1): ____ mo. Total Cost: Insert amounts from pages 7 and 8 "Negotiated Costs" column for each given line item. [NOTE: If your contract is for other than 12 months, this column should reflect the total costs for the specific duration of your contract. (e.g. 14 mos).]

c. (Column 2 and 3): Identify the amount and source of other support for given line items.

d. (Column 4): Enter total amount allowed for WIC reimbursement for given line items.

Page 12: Overhead - Indirect costs

Provide a detailed explanation of how your allocation of indirect amount and rate were derived. [If this has not changed from your current contract, a copy of this page from the original contract can be inserted here.]

Page 13: Declaration of Intent

Must be signed in BLUE INK by authorized agency representative as designated on Clerk's Certificate.

Part III - EXPLANATION/JUSTIFICATION

A. Narrative

A narrative explanation and justification must be provided for each of the line item changes you are requesting. Please provide whatever detail is necessary to fully understand the intent of your request and how you derived the figures.

B. Personnel Worksheet

1. This sheet must be completed if you are requesting any changes in any Personnel line items. Complete the sheet for all WIC funded positions, even if changes are being made to only some of them.

2. For each position and total FTE listed on your revised contract budget, this sheet should detail the breakdown of persons and FTE within each position.

3. Verbal approval from the state WIC Office, prior to submission of this request, is required for the following:

   - any new personnel line items/positions.

   - any changes in personnel that will significantly alter your current WIC staffing pattern.

   - any change in personnel that is a request for a salary increment that was not budgeted for in the original contract.

AMENDMENT # _____

TO

AGREEMENT BETWEEN

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

AND

_____

Contracted Agency

Pursuant to Section 17, Amendment of E.O.H.S. General Conditions, the above captioned Agreement is amended effective to read as follows:

Attachment B - Statement of Fiscal Conditions

Amend affected line items indicated on Revised Attached Budget.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

_____ _____

PROVIDER COMMISSIONER OF PUBLIC HEALTH

_____ _____

DATE DATE

Part III - EXPLANATION/JUSTIFICATION

A. Narrative

A narrative explanation and justification must be provided for each of the line item changes you are requesting. Please provide whatever detail is necessary to fully understand the intent of your request and how you derived the figures.

B. Personnel Worksheet

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2. For each position and total FTE listed on your revised contract budget, this sheet should detail the breakdown of persons and FTE within each position.

3. Verbal approval from the state WIC Office, prior to submission of this request, is required for the following:

   - any new personnel line items/positions.

   - any changes in personnel that will significantly alter your current WIC staffing pattern.

   - any change in personnel that is a request for a salary increment that was not budgeted for in the original contract.

AMENDMENT # _____

TO

AGREEMENT BETWEEN

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

AND

_____

Contracted Agency

Pursuant to Section 17, Amendment of E.O.H.S. General Conditions, the above captioned Agreement is amended effective to read as follows:

Attachment B - Statement of Fiscal Conditions

Amend affected line items indicated on Revised Attached Budget.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

_____
PROVIDER

_____
COMMISSIONER OF PUBLIC HEALTH

_____
DATE

_____
DATE

CERTIFICATE OF AUTHORIZATION

AUTHORIZATION TO SIGN CONTRACT AND RELATED MATERIALS

At a duly authorized meeting of the Board of Trustees/Directors of the

_____
(Name of Organization)

held on _____ at which all the Trustees/Directors
(date)

were present of waived notice, it was VOTED, that

_____ _____
(Name) (Officer)

of this organization, is authorized to execute contracts and related documents in the name and behalf of said organization, and affix its corporate seal thereto; and such execution of any contract or obligation in this organization's name on its behalf by such _____
(Officer)

under the seal of the organization, shall be valid and binding upon this organization.

I hereby certify that I am the clerk of the _____

_____ and that _____
(typed name)

is the duly elected _____ of said organization,
(Officer)

and that the above vote has not been amended or rescinded and remains in full force and effect as of this date.

Corporate Seal Here:
(if no seal, print "none")

Signed _____
(typed name) Clerk

_____
Date

TAX CERTIFICATION STATEMENT

Pursuant to M.G.L. ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ _____

Federal Identification Number Name of Provider

by: _____

Signature

_____

Typed Name

_____

Title

_____

Signature Date

Ref. Date_____

COMMONWEALTH OF MASSACHUSETTS
RATE SETTING COMMISSION
ONE ASHBURTON PLACE
BOSTON, MA. 02108

PURCHASE OF SERVICE BUDGET
RSC-600-B (Rev. III)

PURCHASING DEPARTMENT_____

APPROPRIATION ACCOUNT NO. _____ CONTRACT NO._____

CONTACT(PURCHASER) _____ _____ ( )_____
PERSON TITLE PHONE (Centrex)

OPERATING AGENCY_____

BUSINESS OFFICE MAILING ADDRESS._____

FEDERAL EMPLOYER INDENTIFICATION NO._____ STATE VENDOR CODE SUFFIX:_____

CONTACT(VENDOR) _____ _____ ( )_____
PERSON TITLE PHONE

PROGRAM NAME_____

PROGRAM TYPE_____

PROGRAM NUMBER(FROM MOST RECENT COST REPORT), IF APPLICABLE_____

(___) RFP (___) AGREEMENT (___) AMENDMENT

RECOMMENDED RATE_____ PER_____

DURATION FROM _____ TO _____
MO. DAY YEAR MO. DAY YEAR

NUMBER OF SERVICE UNITS PURCHASED UNDER THIS AGREEMENT_____

RSC USE ONLY:

RATE REGULATION 114.___CMR_____ FILING DATE_____

RSC 600 PROGRAM QUESTIONNAIRE

Please complete one Questionnaire for each program

OPERATING AGENCY _____

PROGRAM NAME _____

PROGRAM TYPE WIC/Direct Care Other

PROGRAM NARRATIVE: Provide a narrative description of the program type in the space provided below:

Provides nutrition education and special supplemental food for pregnant, postpartum and breastfeeding women, and infants and children up to 5 years old who are determined to be at medical or nutritional risk and income eligible.

I. PROGRAM GOAL

A. Check the one item which most accurately describes the programs primary goal.

( ) Optimal Effectiveness of Service
( ) Preservation and Strengthening of Family Life/Family Substitute
( ) Optimal Educational Opportunity
( ) Optimal Employment Opportunity
(x) Optimal Health
( ) Optimal Mental Health
( ) Protection from Abuse, Neglect or Exploitation
( ) Public Safety
( ) Provision of Basic Material Needs
( ) Optimal Opportunity for Community Living
( ) Optimal Social Functioning

B. Restate this goal in operational terms; that is, what specific benefit do clients receive from program participation, what specifically is the programs objective ?

Provide nutrition education and special supplemental foods to client population

II. PROGRAM STRUCTURE

A. Check the one item which most accurately describes the structure of this program type.

( ) Separately Purchased Support/Supplemental Services
( ) Direct Care - Residential
( ) Direct Care - Day Programs
(x) Direct Care - Other

III. CLIENT SPECIFICATIONS

A. Age: Identify the specific age range of clients served by this program.

From 0 To 5 years. and women of child bearing age

B. Sex ( ) Male ( ) Female ( ) Either (X) Both

C. Categorical Eligibility/Primary Need:

1. Check those items which most accurately describe the characteristics of clients participating in programs of this type.

DISABILITY

( ) Perceptual
( ) Physical
( ) Mental Retardation Developmental Disability
( ) Medical/Nursing Needs
( ) Mental Illness/Emotional Disturbance

AT RISK

(x) Children
( ) Family
( ) Elderly
( ) General Population

SUBSTANCE ABUSE

( ) ALCOHOL
( ) DRUG

OFFENDER

( ) ADULT
( ) JUVENILE

OTHER

( ) Protective
( ) CHINS
( ) Combination Eligibility/Need

D. Indicate the customary length of client stay or duration of program participation: 6 months or duration of pregnancy

( ) Not Applicable

E. Financial Eligibility

1. Are there income related eligibility requirements for the client of this program

(x) Yes. ( ) No.

IV. SERVICE MIX/PROGRAM COMPONENTS

A. Primary Service Components: List and define the primary program components or activities.

Primary Service Components:

- Nutrition Education
- Provision of vouchers for WIC foods
- Health Assessment

B. Secondary Services: Indicate the secondary services which are required of the program. (Do not include services previously identified in Section IV. A., Primary Service Components).

Service	Required Program Service
Medical/Dental Care	O
Spending Allowance	O
Clothing	O
Laundry	O
Meals	O
Snacks	O
Adaptive Equipment	O
Trans. (to & from program site)	O
Other: (specify)	
Medical/Dental referral	O
Social Service referral	O
_____	O

C. Staff Mix Specifications: Indicate or list any required direct care position and identify the qualifications associated with each title.

Direct Care Positions	Qualifications: A.A.	B.A.	M.A.	DOC.	EXP	LIC/REG.
( ) Physician						
( ) Psychiatrist						
( ) Psychologist						
( ) Dentist						
( ) Hygienst						
( ) Special Education Teacher						
( ) Teacher						
( ) Social Worker						
( ) Social Worker Assistant						
( ) Counselor						
( ) Nurse						
( ) Physical Therapist						
( ) Expressive Therapist						
( ) Recreational Therapist						
( ) Occupational Therapist						
( ) Speech/Hearing/Communication Therapist						
( ) Other Direct Care Positions						
Nutritionist		✓				
Nutrition Asst.						
Program Asst.						

D. Staffing Standards

1. Staffing Pattern: Using the chart below, indicate the number of direct care staff assigned to each shift:

Shift Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun

2a. Is direct care staffing determined on the basis of a full-time direct care staff to total clients ratio?

( ) Yes. (X) No.

b. If the answer to 2a. is "yes" please complete the following:

_____full-time direct care staff per _____ clients.

3a. Is direct care staffing determined on the basis of active caseload for individual direct care positions?

( ) Yes. (X) No.

b. If the answer to 3a. is "yes" please complete the following:

_____Active cases per _____ full time direct care position.

V. OPERATIONAL/ADMINISTRATIVE SPECIFICATIONS

A. Indicate the hours and days during which the program is typically available to provide client services:

_____hours/day

_____days/week

_____days/year

B. Are programs of this type required to have a 24-hour emergency response capacity?

( ) Yes. (X) No.

C. Delivery of Program Services occurs (check one):

(X) on a regularly scheduled basis

( ) on a varying or as needed basis.

D. Does the purchasing agency impose a limit on the period of time during which they will pay for a client's receipt of program services?

(X) Yes. ( ) No.

E. The services of this program are:

(X) provided directly by the vendor.

( ) provided by subcontractors with only administrative/support services provided by the prime vendor.

( ) provided by a combination of the vendor/subcontractor.

F. Are services required to be available on a sliding fee scale basis?

( ) Yes. (X) No.

G. Is vendor required to identify and bill third party payers?

( ) Yes (X) No.

H. Is vendor required to identify client categorical/financial eligibility?

( ) categorical ( ) financial (X) both ( ) neither

I The services of this program are purchased on (check one):

(X) an open-referral basis

( ) a closed-referral basis

J. Does the governmental purchaser guarantee to purchase a specified number of program service units or require that a specified number of units be reserved for its exclusive use? (X) Yes. ( ) No.

K. Did the governmental unit agree to be the 'payer of last resort' for all clients who were otherwise unable to pay for all or a portion of the cost of their services, whether they were referred by the governmental unit or not? ( ) Yes. ( ) No. not applicable

VI. RESOURCE SPECIFICATIONS

A. Site Specifications:

1. Location: For each program setting, give the address

Street Address	City/Town

2. Service Area:

( ) state wide resource

( ) regional resource

(X) local resource

3. Setting: Service activities of this program type are rendered in the following settings (check all that apply):

( ) care provider's home

( ) consumer/family home

( ) practitioner's office/clinic

( ) staffed/supervised/cooperative apartments

( ) group home/community residence

( ) residential treatment facility

( ) industrial space

( ) community center

( ) school

( ) correctional facility

) hospital based

) other (specify)

4. Physical Space Specifications:

a. Do there exist standards regarding physical space requirements for this type of program (e.g., 100 square feet per resident)?

( ) Yes. (X) No.

b. In the space provided below, describe the requirements?

5. Building/Life Safety Code: Is this a program serving clients not capable of self-preservation in the event of fire?

( ) Yes. (X) No.

6. Access: Is it required that the site be accessible to the handicapped?

(X) Yes. ( ) No.

7. Security: Is it required that the program be offered in a locked/secure/protective setting?

( ) secure

( ) locked

( ) protective

(X) not applicable

B. Specialized Equipment

1. Does this program employ specialized equipment (specialized equipment do not include office and residential furnishings commonly associated with program operations)?

(X) Yes ( ) No.

If "yes" complete item VI. B. 2. below

2. In the space provided below, list any category of specialized equipment essential to program service (e.g., industrial work stations, medical equipment, special educational devices, etc.)

Medical equipment

Audio/Visual equipment

Locked storage for vouchers

VII PROGRAM PERFORMANCE

A Licensure/Certification:

1. Are programs of this type required to be licensed/certified? If response is yes, complete section VII. A. 2.

( ) Yes (X) No.

2. In the space provided below specify the licensing agency(ies) and category(ies) (e.g., Department of Education: Chapter 766)

_____

_____

B. Utilization Specifications:

1. Service Unit: Identify the most appropriate measure of program productivity (service unit) for this program type:

( ) hour of activity

( ) enrolled client day/slots # per day_____

( ) resident client day/bed # per day_____

( ) a placement

( ) caseload

( ) visits/contact

(X) Other (specify): Participants enrolled for certification period.

( ) Program product cannot be measured in discrete units.

2. Absenteeism Policy:

a. Are there circumstances under which a client's absence (e.g., not physically present at the program site) gives rise to a billable unit of service? If "yes" is checked, complete VII. B. 2b.

( ) Yes. ( ) No. not applicable

b. Use the space provided below to briefly specify the Absenteeism Policy for this program type.

_____

_____

_____

_____

3. CAPACITY: Indicate the Program's Operational Capacity (Number of Service Units for which, in the reporting year, there was adequate planned and budgeted space, staff and equipment. In the case of a program licensed by the Office for Children, the Licensed capacity):_____(A).
ASSIGNED CASELOAD LEVEL:
Indicate the actual number of Service Units delivered or expected to be delivered during the rate year:_____(B).

4. UTILIZATION: Divide (B) By (A): _____

VIII. Identify the source of financial support available to this program.

Public and Governmental Support:

Service fee's:

Commonwealth of Massachusetts	Contract Number(s), if applicable
_____Department of Public Welfare	_____
_____ Department of Mental Health	_____
__X__Department of Public Health	_____
_____ Department of Social Services	_____
_____ Department of Corrections	_____
_____ Department of Youth Services	_____
_____ Mass. Rehabilitation Commission	_____
_____ Mass. Commission for the Blind	_____
_____ Department of Elder Affairs	_____
_____Department of Education	_____
_____ Other Commonwealth Department or Agency	_____
Specify:_____	_____
_____	_____
_____Cities and Towns (Local Educational Authority)	
_____Client Contributions	
_____Third Party Payor (insurance)	

Public Support	Describe Source and Purpose
_____Federal Grants	_____
_____Local Cities and Towns Grant	_____
_____Private Foundation	_____
_____ Fundraising (Grant, Gift, Donation, Bequest)	_____
_____Sale of Commercial Products and/or Services	
_____Investment Income	
Other (Specify):_____	_____
_____	
_____	

-5-

CHECK LIST/ATTACHMENTS

PURCHASING DEPARTMENT_____CONTRACT NO._____

OPERATING AGENCY_____PROGRAM NAME_____

Please check all applicable boxes.

1. This is a [___] New Program(if a new program, no further boxes apply) [___] Re RFP [___] Annual Renegotiation [___] Amendment.

2.a. Has a cost report been submitted for this vendor? [___] Yes. [___] No.
b. Title of cost report:_____.

3. Rate filing no. of most recent RSC program rate approval_____

4. [___] Increase,[___] Decrease in unit rate; From_____To_____

5. [___] Increase,[___] Decrease in maximum obligation; From_____To_____.

6. [___] Extending [___] Reducing expiration date:From_____To_____

*7. [___] Increase [___] Decrease in program operational capacity; From_____To_____.

8. [___] Increase[___] Decrease in program utilization;From_____To_____

9. [___] Increase [___] Decrease in number of service units delivered or clients served under this contract; From_____ To_____.

10. [___] Reduction due to unexpended funds.

11. [___] Increase due to cost of living adjustment.

*12. [___] Change in staffing pattern.

13. [___] Change in sub-contracted services.

14. [___] Change in occupancy rent. Attach a copy of new lease.

15. [___] Change in fringe benefit cost due to change in benefits.

16. [___] Change in equipment rental cost. Attach a copy of new rental agreement.

17. [___] Change due to purchase of equipment. Attach a list of purchased equipment.

*18. [___] Increase in operating costs due to compliance with laws,licensing regulations, safety regulations, wage laws, or other legal duty.

19. [___] Unforseen or unusual increase in operating costs beyond vendor's control.

*20. [___] Increase, [___] Decrease in funding from other governmental or private sources.

21. [___] Creation of a new line item.

*22. [___] Discretionary program changes.

*23. [___] Change in program description.

*Use an attatched sheet to briefly explain all boxes with an asterisk which have been checked.

ANNUAL DIRECT PERSONNEL COSTS

Page 6/RSC-6003

DATE: _____ FOR THE PERIOD FROM: _____ TO: _____

PURCHASING DEPARTMENT(S): _____ CONTRACT NO: _____

OPERATING AGENCY: _____ PROGRAM NAME: _____

Cost Categ.		DIRECT PERSONNEL COSTS	FY ___ BASE BUDGET FTE's	BASE BUDGET AMOUNT	NEGOTIATED ADJUSTMENTS FTE's	NEGOTIATED ADJUSTMENTS AMOUNT	NEGOTIATED COSTS FTE's	NEGOTIATED COSTS AMOUNT
I ADMINISTRATIVE	01	Executive Director						
	02	Asst. Executive Director						
	03	Business Manager						
	04	Program Manager						
	05	Educational Director						
	06	Residential Director						
	07	Bookkeeper						
	08	Secretary/Clerical						
	09	Other Admin. Salaries:						
		_____						
		_____						
	10	**Total Admin. Salaries:**		$		$		$
II DIRECT CARE & SUPPORT STAFF	11	Psychologist						
	12	Special Educ. Teacher						
	13	Teacher						
	14	Social Worker						
	15	Counselor						
	16	Nurse						
	17	Physical Therapist						
	18	Occupational Therapist						
	19	Instructor						
	20	Child Care Worker						
	21	Other Direct Care Sal.:						
		_____						
		_____						
		_____						
		_____						
		_____						
	22	Housekeeping						
	23	Maintenance						
	24	Food Service						
	25	Work Procurement						
	26	Driver						
	27	Other Supp. Srvc. Sal.						
		_____						
		_____						
	28	**Total Dir. & Supp. Care**		$		$		$
X	29	**TOTAL SAL. & WAGES**		$		$		$
III	30	PAYROLL TAXES (___% of Line 29)	XXXX		XXXX		XXXX	
	31	FRINGE BENEFITS (___% of Line 29)	XXXX		XXXX		XXXX	
	32	TOTAL TAX/BENEFIT (___% Line 30 + 31)	XXXX	$	XXXX	$	XXXX	$
X	33	TOTAL DIRECT PERSONNEL COSTS (Line 29 + 32)		$		$		$

ANNUAL DIRECT PROGRAM COSTS

Page 7/RSC-6008

DATE: _____ FOR THE PERIOD FROM: _____ TO: _____

PURCHASING DEPARTMENT(S): _____ CONTRACT NO: _____

ERATING AGENCY: _____ PROGRAM NAME: _____

Cost Cat'y		DIRECT PROGRAM COSTS	FY__ BASE BUDGET	NEGOTIATED ADJUSTMENTS	NEGOTIATED COSTS
		Total Dir. Pers. Costs (line 33)	$	$	$
IV CONTRACTED SUPPORT SERVICE	34	Staff Training			
	35	Consultant/Direct Care			
	36	Food Service			
	37	Administrative			
	38	Direct Care - Relief			
	39	Provider Stipend			
	40	Other Contract. Srvc.:			
		_____			
		_____			
	41	Total Contracted Svs.	$	$	$
V MANAGEMENT & GI	42	Telephone			
	43	Postage			
	44	Advertising			
	45	Printing/Reproduction			
	46	Office Supplies			
	47	Professional Liab. Ins.			
	48	Interest			
	49	Other Mgmt. & General:			
		_____			
		_____			
	50	Total Mgmt. & General	$	$	$
VI OCCUPANCY	51	Real Estate Tax/ Property Insurance			
	52	License/Permit/Fees			
	53	Utilities			
	54	Repairs & Maintenance			
	55	Occupancy Rent			
	56	Other Occupancy Costs:			
		_____			
		_____			
	57	Total Occupancy Costs	$	$	$
	58	PAGE SUB-TOTAL (Lines 33-57)	$	$	$

ANNUAL DIRECT PROGRAM COSTS

Page 8/2SC-6008

DATE: _____ FOR THE PERIOD FROM: _____ TO: _____
PURCHASING DEPARTMENT(S): _____ CONTRACT NO: _____
OPERATING AGENCY: _____ PROGRAM NAME: _____

		DIRECT PROGRAM COSTS	FY__ BASE BUDGET	NEGOTIATED ADJUSTMENTS	NEGOTIATED COSTS
		Page Sub-Total (line 58)	$	$	$
VII TRANSPORTATION	59	Gas and Oil			
	60	Vehicle Repair & Maint.			
	61	Vehicle Lease			
	62	Vehicle Ins./Excise Tax			
	63	Staff Mileage Allowance			
	64	Public Transportation			
	65	Other Transp. Costs:			
	66	Total Transp. Costs	$	$	$
I CONSUMABLES	67	Food			
	68	Household Materials			
	69	Medicine and Pharmacy			
	70	Educ/Prog. Supplies			
	71	Client Expenses			
	72	Total Consumables	$	$	$
IX EQUIPMENT	73	Non-Capital Equipment			
	74	Equipment Rental			
	75	Total Equipment	$	$	$
X	76	Depreciation Expense	$	$	$
XI OTHER PROGRAM COSTS	77	Other Program Costs:			
	78	Total Other Prog. Costs	$	$	$
	79	TOTAL DIRECT PROG. COSTS (Lines 58-78)	$	$	$
XII	80	ALLOC. OF INDIRECT COSTS (__% of Line 79)	$	$	$
XIII	81	Costs not included in overhead (attach description if applicable)	$	$	$
	82	TOTAL ANNUAL PROGRAM COSTS (Lines 79-81)	$	$	$

COST REIMBURSEMENT: PERSONNEL COSTS Page9/85C 6008

DATE: _____ FOR THE PERIOD FROM: _____ TO: _____
PURCHASING DEPARTMENT(S): _____ CONTRACT NO: _____

OPERATING AGENCY: _____ PROGRAM NAME: _____

Cost Cat.		DIRECT PERSONNEL COSTS	ENTER: _____ Months _____ Tot. Cost	LESS: Other Contract Support	Source	RESULTS: FTE	Reimbursable Cost
I ADMINISTRATIVE	01	Executive Director	$	$			$
	02	Asst. Exec. Director					
	03	Business Manager					
	04	Program Manager					
	05	Educational Director					
	06	Residential Director					
	07	Bookkeeper					
	08	Secretary/Clerical					
	09	Other Admin. Salaries:					
		_____					
		_____					
	10	Total Admin. Salaries:	$	$			$
II DIRECT CARE & SUPPORT STAFF	11	Psychologist					
	12	Special Educ. Teacher					
	13	Teacher					
	14	Social Worker					
	15	Counselor					
	16	Nurse					
	17	Physical Therapist					
	18	Occupational Therapist					
	19	Instructor					
	20	Child Care Worker					
	21	Other Direct Care Sal.:					
		_____					
		_____					
		_____					
		_____					
		_____					
	22	Housekeeping					
	23	Maintenance					
	24	Food Service					
	25	Work Procurement					
	26	Driver					
	27	Other Supp. Srvc. Sal.					
		_____					
		_____					
	28	Total Dir. & Supp. Care	$	$			$
X	29	TOTAL SAL. & WAGES	$	$			$
III	30	PAYROLL TAXES (___% of Line 29)					
	31	FRINGE BENEFITS (___% of Line 29)					
	32	TOTAL TAX/BENEFIT (___% Line 30 + 31)	$	$			$
X	33	TOTAL DIRECT PERSONNEL COSTS (Line 29 + 32)	$	$			$

COST REIMBURSEMENT: PROGRAM COSTS Page 10/ESC-5003

DATE: _____ FOR THE PERIOD FROM: _____ TO: _____
PURCHASING DEPARTMENT(S): _____ CONTRACT NO: _____
OPERATING AGENCY: _____ PROGRAM NAME: _____

Cost Category		DIRECT PROGRAM COSTS	ENTER: ___ Months ___ % T'l Cost	LESS: Other Contract Support	Source	RESULTS: Reimbursable Cost
		Tot. Dir. Per. Costs(line 33)	$	$		$
IV CONTRACTED SUPPORT SERVICES	34	Staff Training				
	35	Consultant/Direct Care				
	36	Food Service				
	37	Administrative				
	38	Direct Care - Relief				
	39	Provider Stipend				
	40	Other Contracted Svs:				
		_____				
		_____				
	41	Total Contracted Svs.:	$	$		$
V MANAGEMENT & GENERAL	42	Telephone				
	43	Postage				
	44	Advertising				
	45	Printing/Repro.				
	46	Office Supplies				
	47	Prof. Liability Ins.				
	48	Interest				
	49	Other Mgmt. & General				
		_____				
		_____				
	50	Total Mgmt. & General:	$	$		$
VI OCCUPANCY	51	Real Estate Tax/ Property Insurance				
	52	License/Permit/Fees				
	53	Utilities				
	54	Repairs & Maintenance				
	55	Occupancy Rent				
	56	Other Occup. Costs:				
		_____				
		_____				
	57	Total Occupancy Costs:	$	$		$
X	58	PAGE SUB-TOTAL (lines 33-57)	$	$		$

COST REIMBURSEMENT: PROGRAM COSTS Page 11/RSC-6008

DATE: _____ FOR THE PERIOD FROM: _____ TO: _____

PURCHASING DEPARTMENT(S): _____ CONTRACT NO: _____

RATING AGENCY: _____ PROGRAM NAME: _____

Cost Category		DIRECT PROGRAM COSTS	ENTER: ____ Months ____% T'l Cost	LESS: Other Contract Support	Source	RESULTS: Reimbursable Cost
		Page Sub-Total (line 58)	$	$		$
VII TRANSPORTATION	59	Gas and Oil				
	60	Vehicle Rep. & Maint.				
	61	Vehicle Lease				
	62	Veh. Ins./Excise Tax				
	63	Staff Mileage Allow.				
	64	Public Transportation				
	65	Other Transport. Costs:				
		_____				
		_____				
	66	Total Transp. Costs:	$	$		$
VI CONSUMABLES	67	Food				
	68	Household Materials				
	69	Medicine & Pharmacy				
	70	Educ/Prog. Supplies				
	71	Client Expenses				
	72	Total Consumables:	$	$		$
IX EQUIPMENT	73	Non-Capital Equipment				
	74	Equipment Rental				
	75	Total Equipment:	$	$		$
X	76	Depreciation Expense	$	$		$
XI OTHER PROGRAM C'T	77	Other Program Costs:				
		_____				
		_____				
	78	Total Other Prog. Costs	$	$		$
	79	TOTAL DIRECT PROG. COSTS (lines 58 - 78)	$	$		$
XII	80	ALLOC. OF INDIRECT COSTS (___% of Line 79)	$	$		$
XIII	81	Costs not included in overhead (attach description) if appplicable	$	$		$
	82	TOTAL CONTRACT COSTS (Lines 79-81)	$	$		$

U.S. B.I.A. DEPARTMENT(S): _____ CONTRACT NO: _____

OPERATING AGENCY: _____ PROGRAM NAME: _____

OVERHEAD - INDIRECT COSTS
(See Instructions)

PURCHASING DEPARTMENT: _____ CONTRACT NO.: _____

OPERATING AGENCY: _____ PROGRAM NAME: _____

DECLARATION OF INTENT

We hereby certify, under the penalties of perjury, that we have negotiated the program costs reflected in this RSC-600-B in good faith and without duress. We believe that it is a true, correct and complete statement of our negotiations for the content and costs of the program named above for the period beginning _____ and ending _____
Mo. Day Yr. Mo. Day Yr.

SIGNATURE OF OPERATING AGENCY OWNER, PARTNER OR OFFICER AUTHORIZED TO BIND THE AGENCY IN CONTRACT:

Signature	Title	Date

SIGNATURE OF PRINCIPAL PURCHASING GOVERNMENTAL UNIT REPRESENTATIVE AUTHORIZED TO BIND THE UNIT IN CONTRACT:

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

WIC - BUDGET AMENDMENT REQUEST
NARRATIVE

Agency Name _____ Date of Request: _____

Program Name _____ Request #: _____

Please state below an explanation and justification of the line item changes you are requesting; include reason for necessity of change as well as description of how figures were derived: (Attach additional pages if necessary.)

WIC - BUDGET AMENDMENT REQUEST

PERSONNEL WORKSHEET

Agency Name _____ Date of Request: _____

Program Name _____ Request #: _____

PERSONNEL WORKSHEET:

POSITION	NAME	FTE	ANNUAL SALARY RATE (WIC)	DAILY RATE	TOTAL # DAYS REQ.	TOTAL WIC AMT. REQUIRED.

CLOSEOUT REPORTS

LOCAL WIC PROGRAMS MUST SUBMIT A CLOSEOUT REPORT EACH YEAR.

THE CLOSEOUT REPORT FUNCTIONS AS A FINAL INVOICE FOR VALID EXPENSES INCURRED PRIOR TO THE END OF THE FISCAL YEAR BUT NOT YET SUBMITTED FOR REIMBURSEMENT.

PRIOR TO COMPLETING THE CLOSEOUT REPORT:

1. Be sure that you have submitted all regular Monthly Reports for the year for which you are submitting the closeout report.

2. Review your records to ensure that you have adjusted for any reductions or disallowed expenses from all Monthly Reports from the year for which you are submitting the closeout report.

3. Be sure you can identify all reimbursable expenses incurred and valid to be charged against your WIC contract amount for the year for which you are submitting the closeout report.

INSTRUCTIONS FOR COMPLETING THE CLOSEOUT REPORT:

1. The deadline for submitting closeout reports is 60 days from the end of the fiscal year.

2. The closeout report is to be used only for reimbursable WIC expenses for the prior fiscal year. WIC expenses for the prior fiscal year that were paid as in-kind support or are agency coverage of expenditures in a given line item should not be reported on these forms.

3. Completed closeout reports and one copy should be sent to:

Ms. Ella Naydich
Massachusetts WIC Program
150 Tremont Street, 3rd floor
Boston, MA 02111

COMPLETING THE CLOSEOUT REPORT

Page one

PROGRAM NAME: List the name of the program formally used by the State WIC office during the previous fiscal year.

CONTRACTED AGENCY NAME: List the name of the sponsoring agency as stated on the previous WIC contract.

ADDRESS: List agency address to which any final payment should be sent.

PERSON PREPARING REPORT: Self explanatory. (Please remember to sign in BLUE INK.)

DATE REPORT COMPLETED: Self explanatory.

PHONE: List number where "Person Preparing Report" can be reached in case of questions re: information submitted.

PERSONNEL:

POSITION/NAME: List the Position title and total allowable FTE's for which reimbursable salary/wage expenses were incurred during the previous fiscal year. Position titles must correspond to your previous year's contract line items for personnel.

EXPENSE COLUMN #1-5

COL #1: TOTAL REIMBURSED TO DATE: Compile totals for each line item from all Monthly Reports submitted and reimbursable.

COL #2: AMOUNT BILLED ON THIS REPORT: Compile totals for each line item for expenses that were incurred during the year and have not yet been submitted for reimbursement.

NOTE 1: ITEMS LISTED IN THIS COLUMN ARE TO BE INCLUDED ON A FINAL INVOICE SUMBITTED WITH THIS REPORT. THIS INVOICE MUST BE SUBMITTED WITH THE REPORT AND MUST INCLUDE ALL SUPPORTING DOCUMENTATION REQUIRED AND/OR NECESSARY FOR EXPLANATION. THE DOCUMENTATION MUST CLEARLY IDENTIFY THE ITEMS AS FY'84 EXPENSES.)

NOTE 2: ITEMS REDUCED FROM A PRIOR REPORT THAT ARE VALID FOR RESUBMISSION WITH APPROPRIATE DOCUMENTATION AND YOU HAVE NOT YET RESUBMITTED THEM ON ANY OTHER REPORT SHOULD BE INCLUDED HERE.)

COL #3: TOTAL EXPENSE: Add Col. #1 and Col. #2 and enter total for each line item.

COL #4: TOTAL APPROVED BUDGET: Enter total for each line item from the previous year's contract budget.

COL #5: REMAINING FUNDS: Subtract Col. #3 from Col. #4 and enter remainder. Overexpended lines should have a remainder of -0-.

TOTAL STAFF: Enter totals for each column.

FRINGE: This line item was closed out with your last Monthly Report. You may not bill any additional amounts on the closeout report.

TOTAL PERSONNEL: Add total staff and fringe for each column.

Page 2

EXPENSE COL #1 - #5: Follow instructions above for each line item you have listed in your previous year's contract.

TOTAL NON-PERSONNEL: Enter sub totals for each column.

TOTAL PERSONNEL: Carry totals for each column from p. 1.

INDIRECT COST: This line was closed out on your last Monthly Report. You may not bill for any additional amounts on the Closeout Report.

TOTAL FY EXPENSE: Add total Non-Personnel and Total Personnel for each column.

MASSACHUSETTS WIC PROGRAM
FY 85 CLOSEOUT REPORT

Agency name: _____ Completed by: _____

Agency Address: _____ Title: _____

_____ Telephone: _____

Contract ID #: _____ Source of funds: Fed'l _____ State

PERSONNEL COSTS	Col #1 AMT. BILLED ON THIS REPORT	Col #2 YEAR-TO-DATE EXPENSE	Col #3 TOTAL APPROVED FUNDS (WIC)	Col #4 REMAIN FUND
01 Executive Director				
02 Assistant Executive Director				
03 Business Manager				
04 Program Director				
05 Educational Director				
06 Residential Director				
07 Bookkeeping/Secretarial/Clerical				
Other Admin. Salaries & Wages: 08 Program Assistant				
09				
10				
11 Physician				
12 Psychiatrist				
13 Psychologist - Licensed Ph.D.				
14 Psychologist - Other				
15 Spec. Ed. Teacher/Mtrs.				
16 Spec. Ed. Teacher/Other				
17 Teacher				
18 Social Worker - LICSW or LCSW				
19 Social Worker - LSW				
20 Social Worker - LSWA				
21 Counselor - Masters				
22 Nurse - RN				
23 Nurse - LPN				
24 Physical Therapist				
25 Occupational Therapist				
26 Speech/Hearing Therapist				
Other Direct Care Salaries: 27 Nutritionist				
28 Nutrition Assistant				
29 Nutrition Aide				
30				
31 Housekeeping				
32 Maintenance				
33 Food Service				
Other Support Staff Salaries: 34				
35				
36				
TOTAL SALARIES & WAGES				
37 Payroll Taxes (%)				
38 Fringe Benefits				
TOTAL PERSONNEL COSTS				

MASSACHUSETTS WIC PROGRAM
FY 85 CLOSEOUT REPORT

Agency Name: _____ Contract ID #: _____

	LINE ITEM	Col #1 AMT. BILLED ON THIS REPORT	Col #2 YEAR-TO-DATE EXPENSE	Col #3 TOTAL APPROVED FUNDS (WIC)	Col #4 REMAINING FUNDS
	Personnel Costs (brought forward)				
39	Staff Training				
	PROFESSIONAL FEES				
40					
41					
	CONTRACTED SERVICES				
42					
43					
	MANAGEMENT & GENERAL				
44	Telephone				
45	Postage				
46	Advertising				
47	Printing/Reproduction				
48	Office Supplies				
	OCCUPANCY				
49	Real Estate Tax				
50	Prop. & Liability Insurance				
51	License/Permit Fees				
52	Utilities				
53	Repairs & Maintenance				
54	Occupancy Rent				
55	Other				
	TRANSPORTATION				
56	Gas & Oil				
57	Vehicle Repair/Maintenance				
58	Vehicle Lease				
59	Vehicle Insurance				
60	Vehicle Excise Tax				
61	Staff Mileage Allowance				
62	Public Transportation				
63	Other				
	GENERAL				
64	Food				
65	Kitchen Materials/Supplies				
66	Medicine/Pharmacy				
67	Educational Supplies: Nutrition				
68	Non-capital Equipment				
69	Equipment Rental				
70	Interest				
71	Depreciation				
	OTHER CONTRACT COST				
72					
73					
74					
75.	INDIRECT COST (%)				
	TOTALS				

MASSACHUSETTS WIC PROGRAM
FY 85 CLOSEOUT REPORT

Agency Name: _____ Contract ID # _____

PAYROLL EXPENSES RSC 600 B LINES 01-38

	Position/ RSC 600 B Line #	FTE	# Days Billed This Report	Expenses This Report/ Person	Expens This Rep Positi
TOTAL SALARIES & WAGES					
_____ % Payroll Taxes					
_____ % Fringe Benefits					
TOTAL PERSONNEL COSTS					

MASSACHUSETTS WIC PROGRAM
FY'85 CLOSEOUT REPORT

Agency Name: _____ Contract ID # _____

TRAVEL EXPENSES RSC 600 B LINES 61 and 62

				61			62
Name Title	Date of Travel	From where/ To where	Purpose of Travel	# Miles	Cost per mile	Amount	Fares (bus, subway etc.)
		Totals:					
			Amount Reimbursable:		.20		

MASSACHUSETTS WIC PROGRAM
FY 85 CLOSEOUT REPORT

Agency Name: _____ Contract ID # _____

NON-CAPITAL EQUIPMENT RSC 600 B LINE 68

DESCRIPTION OF ITEM	DATE OF EXPENSE	PURCHASED FROM	VENDOR INVOICE #	AMOUN
			TOTAL	

Note: The purchase of capital equipment and office furniture is prohibited under this contract.

MASSACHUSETTS WIC PROGRAM
FY'85 CLOSEOUT REPORT

Agency Name: _____ Contract ID # _____

OTHER EXPENSES

RSC LINE #	CATEGORY/ LINE ITEM	DATE OF EXPENSE	PURCHASED FROM	VENDOR INVOICE #	ITEMS PURCHASED	LINE ITEM TOTAL	CATEGORY TOTAL
					TOTAL		

MASSACHUSETTS WIC PROGRAM
FY 85 CLOSEOUT REPORT

Agency Name: _____ Contract ID # _____

NUTRITION EDUCATION EXPENSES

For each line item listed below, indicate how much of the amount listed in "Current Month Expense" for that line item can be allocated to Nutrition Education activities:

RSC #	LINE ITEM	AMOUNT
39	Staff Training	
40	PROFESSIONAL FEES:	
41		
47	Printing/Reproduction	
61	Staff Mileage	
62	Public Transportation	
67	Education Supplies	
	TOTAL	

Note: The purpose of this report is to document allowable expenses for Nutrition Education activities in order to meet the USDA requirement that 1/6 of total administrative funds are expended for this purpose. For a definition of allowable costs, please see reverse side.

ORDERING FORMS PRODUCED BY THE STATE WIC OFFICE

KEEP AN ADEQUATE SUPPLY OF CERTIFICATION, NUTRITION EDUCATION, FISCAL AND COMPUTER INPUT FORMS SO THAT YOU DO NOT RUN OUT UNEXPECTEDLY

CERTIFICATION, NUTRITION EDUCATION FORMS AND OUTREACH MATERIALS

When you need more certification, nutrition education, program administration forms or outreach materials, you may order more from the State WIC Office.

To order forms, use the "MASSACHUSETTS WIC PROGRAM ORDER FORM" and the "FOREIGN LANGUAGE ORDER FORM". Indicate the number of forms you need and the languages in which you need them (English, Spanish, Portuguese, French, Laotian, Vietnamese, Cambodian, or Chinese). If you would like one English copy of any of the foreign language materials, check the "OEC" (one English copy) box.

Either:

- Fill out and send the order form(s) to the State WIC Office indicating what you need. Allow 4 - 6 weeks for delivery.

or

- Call the State WIC Office to order the forms. Order the forms by the number on the order form only, not by title. Allow 4 - 6 weeks for delivery.

FISCAL FORMS

When you need fiscal forms, call the State WIC Office.

COMPUTER INPUT FORMS

When you need computer input forms or batch headers, use the order form at the bottom of the manual voucher order form.

MASSACHUSETTS WIC PROGRAM ORDER FORM

[For Massachusetts WIC Programs & Sites Only]
December, 1984

Date Rec'd _____

SEND TO
NAME: _____

PROGRAM: _____

ADDRESS: _____
ZIP CODE

PLEASE RETURN THIS FORM TO: Judith Sanchez, WIC ORDERS, WIC PROGRAM, 150 Tremont Street, 3rd floor, Boston, MA 02111. ALLOW 3-4 WEEKS FOR DELIVERY.
IF THE ORDER IS CALLED IN, PLEASE USE ORDER NUMBER ONLY. (617) 727-6876

This form contains all available languages of forms and nutrition education materials written by the Massachusetts WIC Program.

	#	TITLE & LANGUAGE(S) (Write amount wanted in blank space beside language.) (M)ANDATORY (O)PTIONAL
Pregnant Women	20	PREGNANT WOMEN MEDICAL REFERRAL FORM (M) ENGLISH _____
	9	ASSESSMENT AND CERTIFICATION - PREGNANT WOMEN (M) ENGLISH____
	10	NUTRITION ASSESSMENT FOR PREGNANT WOMEN (M) ENGLISH____
	11	NUTRITION QUESTIONNAIRE FOR PREGNANT WOMEN (M) ENGLISH____ SPANISH____ FRENCH____ PORTUGUESE____ CHINESE____
Postpartum & lactating Women	21	POSTPARTUM AND LACTATING WOMEN MEDICAL REFERRAL FORM (M) ENGLISH____
	6	ASSESSMENT AND CERTIFICATION - POSTPARTUM AND LACTATING WOMEN (M) ENGLISH____
	7	NUTRITION ASSESSMENT FOR POSTPARTUM AND LACTATING WOMEN (M) ENGLISH____
	8	NUTRITION QUESTIONNAIRE FOR POSTPARTUM AND LACTATING WOMEN (M) ENGLISH____ SPANISH____ FRENCH____ PORTUGUESE____ CHINESE____
Infants	18	INFANTS MEDICAL REFERRAL FORM (AGES BIRTH TO 12 MONTHS) (M) ENGLISH____
	56	ASSESSMENT AND CERTIFICATION - INFANTS (BIRTH TO 12 MONTHS) (M) ENGLISH____
	57	NUTRITION ASSESSMENT FOR INFANTS (M) ENGLISH____
	58	NUTRITION QUESTIONNAIRE FOR INFANTS (M) ENGLISH____ SPANISH____ FRENCH____ PORTUGUESE _____
Children	19	CHILDREN MEDICAL REFERRAL FORM (AGES 1 YEAR TO 5 YEARS) (M) ENGLISH____
	59	ASSESSMENT AND CERTIFICATION - CHILDREN (1 TO 5 YEARS) (M) ENGLISH____
	60	NUTRITION ASSESSMENT FOR CHILDREN (M) ENGLISH____
	61	NUTRITION QUESTIONNAIRE FOR CHILDREN (M) ENGLISH____ SPANISH____ FRENCH____ PORTUGUESE____
Other	22	MEDICAL REFERRAL FORM: REPEAT CERTIFICATION OF INFANTS AND CHILDREN (O) ENGLISH____
	23	DENTAL REFERRAL FORM: Women and Children (O) ENGLISH____
Program	12	YOUR RIGHTS & RESPONSIBILITIES AS A WIC PARTICIPANT (M) ENGLISH____ SPANISH____ FRENCH____ CAMBODIAN____ VIETNAMESE____ PORTUGUESE____ CHINESE____
	13	WIC PROGRAM REQUEST FOR A FAIR HEARING (M) ENGLISH____ SPANISH____
	14	WHAT IS A WIC FAIR HEARING? (M) ENGLISH____ SPANISH____ CAMBODIAN____ VIETNAMESE____ PORTUGUESE____ CHINESE____
	15	INCOME ELIGIBILITY FORM (July 1, 1984 - June 30, 1985) (M) ENGLISH ____
	16	INTERAGENCY TRANSFER FORM (M) ENGLISH____

	#	TITLE & LANGUAGE(S) (Write amount wanted in blank space beside language.) (M)ANDATORY (O)PTIONAL
General	44	WIC PROGRAM ORDER FORM (O) ENGLISH_____ WIC PROGRAM FOREIGN LANGUAGE ORDER FORM (O) ENGLISH_____
Nutrition Education: flyers, leaflets, pamphlets	34	IRON DEFICIENCY ANEMIA (O) ENGLISH_____ SPANISH_____ CAMBODIAN_____
	36	ON FEEDING TIME (O) ENGLISH_____ SPANISH_____
	38 ON HOLD	YOUR BABY GROWS FROM THE FOODS YOU EAT (O) (Can only be ordered in amounts of 50 due to small supply) ENGLISH_____ SPANISH_____ VIETNAMESE_____
	46	TOO MUCH TOO SOON (O) ENGLISH_____ SPANISH_____ (Can only be ordered in amounts of 50 due to small supply)
	47	INFANT FEEDING GUIDE (O) ENGLISH_____ SPANISH_____ CAMBODIAN 8½"x11"_____ or 11"x17"_____ FRENCH_____ LAOTIAN_____ VIETNAMESE_____ PORTUGUESE_____
	50	BABY'S TEETH & THEIR CARE (O) ENGLISH_____ SPANISH_____ VIETNAMESE_____ (Can only be ordered in amounts of 25 due to small supply) CAMBODIAN _____
	51	PRE-SCHOOL FEEDING GUIDE (O) ENGLISH_____ SPANISH_____ FRENCH_____ CAMBODIAN_____
	72	BEANS (O) ENGLISH_____ SPANISH_____
	73	PEANUT BUTTER (O) ENGLISH_____ SPANISH_____
	74	HOW TO PREPARE CONCENTRATED & POWDERED FORMULA (O) ENGLISH_____ SPANISH_____ CAMBODIAN_____
	75	PRENATAL FEEDING GUIDE (O) ENGLISH_____ SPANISH_____ FRENCH_____ CAMBODIAN_____
	76 ON HOLD	SUPERFOODS COLORING BOOK (O) All languages_____ (Can only be ordered in amounts of 100 due to small supply)
	77	THINKING ABOUT BREASTFEEDING? (O) ENGLISH_____ CAMBODIAN_____ (Can only be ordered in amounts of 50 due to small supply)
Outreach Materials	78	YOU MAY BE ELIGIBLE FOR WIC (Check inserts) (O) ENGLISH_____
	79	WIC WORKS! (Background brochure) (O) ENGLISH_____
	80	WIC: APPLICATION & CERTIFICATION (Information sheet) (O) ENGLISH_____
	81	WIC HOTLINE 1-800-WIC-1007 (1 5/8 x 3 3/4 stickers) (O) ENGLISH_____

Massachusetts WIC Program

FOREIGN LANGUAGE ORDER FORM

[For Massachusetts WIC Programs & Sites Only]
December, 1984

DATE REC'D _____

Send to
Name: _____

Program: _____

Address: _____
Zip Code

Please return this form to: Judith Sanchez, WIC ORDERS,
150 Tremont Street, 3rd floor, Boston, MA 02111.
ALLOW 3-4 weeks for delivery.

This form includes all available foreign language materials not written or no longer in use by the Massachusetts WIC Program.

	#	AM'T	TITLE ☑ One English Copy
VIETNAMESE	102		Breastmilk is the Best Milk (English on reverse)
	104		Dental Caries
	106		Feeding Your Infant (Breastfeeding) ☐OEC
	108		Healthy Eating for Children ☐OEC
	109		How to Prepare Concentrated Formula
	111		Iron: The Hard-to-Get Nutrient
	129		Iron Rich Foods
	112		Making Your Own Baby Food
	113		Nausea ☐OEC
	114		Postpartum Diet ☐OEC
	130		Protein Foods
	115		Relief from Common Problems: Nausea, Constipation & Heartburn ☐OEC
	117		Ten Good Reasons to Nurse Your Baby
	123		Who's Gaining Weight? You or Your Baby?
	124		WIC: Better Health Through Good Nutrition ☐OEC
	126		WIC Food Ideas ☐OEC
	128		Your Weight & Weight Gain ☐OEC

	#	AM'T	TITLE ☑One English Copy
CHINESE	202		How to Prepare Concentrated Formula
	203		Iron-Rich Foods
	204		Protein Foods
	206		WIC Food Ideas ☐OEC
	208		Who's Gaining Weight? You or Your Baby?
CAMBODIAN	316		Better Health Through Good Nutrition ☐OEC
	302		Feeding Your Infant (Breastfeeding) ☐OEC
	303		Food During Pregnancy ☐OEC
	305		Healthy Eating for Children ☐OEC
	308		Postpartum Diet ☐OEC
LAOTIAN	402		Eat Right for a Strong Body (English part of translation)
	403		Feeding Your Infant (Breastfeeding) ☐OEC
	404		Food During Pregnancy ☐OEC
	405		Healthy Eating for Children ☐OEC
	407		Postpartum Diet ☐OEC
	408		What is WIC? (English part of translation)

CIVIL RIGHTS STATEMENT

ALL PRINTED MATERIALS THAT YOU PRODUCE FOR MASS DISTRIBUTION MUST INCLUDE THE STANDARD CIVIL RIGHTS STATEMENT

You must print the standard Civil Rights statement somewhere on your forms, flyers, or pamphlets.

The Civil Rights statement must read:

> This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

In Spanish:

> Este es un Programa de Igualdad de Oportunidades. Si cree que ha sido discriminado por raza, color, origen, edad, sexo or por ser incapacitado fisicamente, escriba de inmediato a Secretary of Agriculture, Washington, D.C. 20250.

In Portuguese:

> Este é um Programa de Oportunidade Igual. Se acredita ter sido descreminada por causa de ráca, côr, origem nacional, idade, sexo, ou desvantagems, escreva imediatamente ao Secretary of Agriculture, Washington, D.C. 20250.

In French:

> Ce programme est ouvert à tout le monde. Si vous avez des raisons de penser que vous avez été indûment traité(e) à cause de votre race, de la couleur de votre peau, de votre nationalité, de votre âge, de votre sese ou bien parce que vous êtes infirme, n'hésitez pas d'écrire au Secretary of Agriculture, Washington, D.C. 20250.

You might also include the following information on the materials you produce:

- WIC Logo (Contact the State Office for a photo-ready copy.)
- Toll free hotline number (1-800-WIC-1007)

RECORDKEEPING REQUIREMENTS

YOU MUST KEEP MOST OF YOUR PROGRAM RECORDS FOR 3 1/2 YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THE RECORDS PERTAIN.

RECORDS REQUIRED TO BE KEPT FOR 3 1/2 YEARS:

1. Participant certification records, including:

   * State-produced certification and assessment forms
   * Income eligibility forms
   * Affidavits of participant rights and responsibilities
   * Medical referral forms
   * Any other forms you use to certify a participant

2. Participant applications (medical referral forms and any other forms you use for participant applications):

   -- From applicants found to be ineligible prior to a certification appointment

   -- From applicants who were on your waiting list but never received a certification appointment during their time on your waiting list

   -- From applicants found ineligible at a certification appointment (keep these together with any forms that you used to determine the applicant's ineligibility)

   -- From applicants who do not show up for their scheduled certification appointment (and do not call to cancel and reschedule their appointment)

3. Records of your program's Waiting List Status at any given time (this includes waiting list confirmation letters from the State WIC Office)

4. Completed interagency transfer forms (keep with the participant's certification records)

5. Fair Hearing requests, correspondence and decisions (keep with the participant's or applicant's records)

6. Contracts, Budgets, Monthly Expenditure Reports and Expenditure Documentation

7. Food Delivery records:

   - o Voucher transmittal records
   - o Voucher registers
   - o Signed input form copies
   - o Void logs
   - o Participant reports (fiche or hard copy)
   - o Weekly manual voucher update listing (unless you check off accepted input on the Manual Voucher Log)

8. Vendor files

You may destroy these files according to the following timetable:

Files that pertain to:	You may destroy on or after:
FY '81	March, '85
'82	'86
'83	'87
'84	'88
'85	'89

You may have to keep these files longer if the State WIC Office or USDA/Food and Nutrition Service requests in writing that you do so.

OTHER RECORDS NOT REQUIRED TO BE KEPT FOR 3 1/2 YEARS

Blank applications sent out that are returned to you by the post office for wrong address, addressee unknown, etc.	Dispose of them upon receipt unless you are able to obtain the correct mailing information
Applications that you received with incomplete or missing addresses (thereby not allowing you to follow up on the person's application)	Keep them until the medical information provided can no longer be used to deter mine eligibility of the person
Applications or medical referral forms with incomplete or outdated medical information	Return them to the applicant for comple tion unless you are able to obtain the needed information yourself
Weekly participant and manual voucher reports	Keep until errors are corrected
Monthly Recipient ID Listing	Keep until next listing is issued, to be sure an ID number is not used twice

OTHER RECORDS NOT REQUIRED TO BE KEPT FOR 3 1/2 YEARS (cont.)

Annual grant proposal	Keep the present fiscal year's proposal (you may find previous proposals useful for historical purposes)
Nutrition Education Action Plan	Keep the present fiscal year's plan (you may find previous plans useful for historical purposes)
State and Federal memos	Keep all memos from this fiscal year and the prior fiscal year. Selectively keep any memos from previous years that you would find useful
State Plans	Update as directed by the State Office
Employee records	Keep them according to your agency's policy

CASELOAD MANAGEMENT

YOU MUST BE ABLE TO REGULATE THE NUMBER OF PARTICIPANTS THAT YOU ACTIVELY SERVE SO THAT YOU CAN REACH AND MAINTAIN YOUR ASSIGNED CASELOAD

ACTIVE CASELOAD

"Active caseload" is the number of women, infants and children that actively participate each month in the WIC Program and receive WIC vouchers.

To determine your active caseload at the end of a calendar month, make the following calculations:

STEP 1:

- Take the active participation figure from your most recent computer Participant Report

AND

STEP 2: OPTION A

- Add the number of initial certifications (Trans. Type 1's) completed since the computer input cut-off date through the last day in that month. (This assumes there have been no errors in inputs submitted since input cutoff.)
- Subtract the number of participants taken off your active caseload (Trans. Type 2's) between the computer input cut-off date and the last day of that month.

OR

STEP 2: OPTION B

- Count the number of sets of manual vouchers you will write the next month (i.e., those whose computer-generated vouchers were not produced but who will be issued vouchers).
- Subtract those who you received computer-generated vouchers for but who will not be issued them due to termination since input cutoff.

You may prefer to maintain your caseload statistics so that you know your program's active caseload at any time during a calendar month.

ASSIGNED CASELOAD

"Assigned caseload" is a number of participants that a local WIC program should aim to serve each month. This number is designated by the State WIC Office based on the following factors:

1. food dollars available
2. service capacity at the local program
3. relative community need (presenting need and eligibility determined by the Needs Assessment.

INITIATING A WAITING LIST

WHEN YOU REACH OR EXCEED YOUR ASSIGNED CASELOAD, YOU MUST BEGIN A WAITING LIST

YOUR WAITING LIST PLAN MUST BE CONFIRMED IN WRITING BY THE STATE OFFICE

A RECORD MUST BE KEPT OF YOUR PROGRAM'S WAITING LIST PLAN

A "waiting list" is a list of women, infants and children who apply for WIC but cannot be assessed because you have reached or exceeded your assigned caseload.

A WAITING LIST SHOULD BE IMPLEMENTED WHEN:

1. You have reached or exceeded your assigned caseload, and
2. You have called the State WIC Office to discuss starting a waiting list, and
3. The State WIC Office has approved your waiting list plan in writing.

DESIGNING A WAITING LIST PLAN

A "waiting list plan" defines the priorities of applicants (for both certification and recertification) you will be able to certify on your program.

For example: If your waiting list plan indicates that your program accepts applicants in Priorities I - IV, you must be able to accept all eligible applicants in Priorities I - IV at initial certifications as well as retain eligible participants in Priorities I - IV at repeat certifications. Both new applicants and those up for recertification as Priorities V and VI can apply for the program, but will remain on your waiting list either until their applications expire or until you formally change your waiting list plan.

To determine the appropriate waiting list plan for your program, take into account the following:

1. The number of persons actively participating on the program in each priority

2. The number of new applicants you expect to receive from each priority

3. The number of persons you expect to take off your program each month due to regular terminations as well as those you would terminate if you implemented waiting list plan restrictions.

A RECORD MUST BE KEPT OF YOUR PROGRAM'S WAITING LIST PLAN

A program must receive verbal as well as written confirmation from the State WIC Office in the event that:

1. a waiting list plan is to be initiated

2. a program's current waiting list is to be altered

A local program must keep a file of waiting list confirmation letters.

MANAGING A WAITING LIST

WHEN YOUR PROGRAM HAS A WAITING LIST, YOU MUST SHIFT FROM SERVING APPLICANTS ON A "FIRST-COME, FIRST-SERVED" BASIS, TO SERVING THEM ACCORDING TO THEIR NUTRITIONAL RISK PRIORITY.

YOU MUST SET UP A CONSISTENT SYSTEM TO MANAGE YOUR WAITING LIST.

ADMINISTERING YOUR WAITING LIST

1. File medical referral forms for applicants that receive an initial certification appointment within the twenty day limit either:

    - Chronologically, in the order of appointment date

    or

    - Alphabetically, in the order of the applicant's name

2. File completed medical referral forms for applicants on your waiting list by priorities. Within each priority order the medical referral forms by expiration date. This facilitates keeping your waiting list up to date.

3. On a regular basis, review your waiting list files to remove the medical referral forms for those applicants whose applications have expired.

REVIEWING AND EVALUATING YOUR WAITING LIST PLAN

1. Follow your waiting list plan consistently for six months.

2. Look at your active caseload each month to determine how close you are to your assigned caseload.

3. If you find that your waiting list plan is not effective in managing your caseload, call the State WIC Office to discuss the possibility of changing your waiting list plan. If you need to change your plan, you must receive written confirmation from the State WIC Office.

[This section will be revised as an FY'86 State Plan Amendment.]

APPLICATIONS WITH A WAITING LIST

YOU MUST TELL ANYONE WHO INQUIRES BY PHONE OR IN PERSON ABOUT APPLYING FOR THE WIC PROGRAM THAT YOU HAVE A WAITING LIST.

YOU SHOULD INFORM EVERY PERSON OF HER/HIS RIGHT TO APPLY TO THE PROGRAM WHETHER OR NOT S/HE IS IN A PRIORITY YOU ARE CURRENTLY ACCEPTING.

YOU MUST EITHER NOTIFY AN APPLICANT THAT S/HE IS ON A WAITING LIST OR YOU MUST GIVE HER/HIM A CERTIFICATION APPOINTMENT WITHIN 20 DAYS FROM HER/HIS COMPLETED APPLICATION.

1. A person indicates that s/he would like to apply for the WIC Program. Tell her/him that you have a waiting list. You might want to initially screen this person's income.

2. Send or give the person the appropriate medical referral form(s). See Part IV, Section A.2 for copies of the forms. YOU MAY NOT REQUIRE AN APPLICANT TO APPEAR IN PERSON.

3. The completed medical referral form serves as a formal application for WIC, and should include the following:

    a. Applicant's name
    b. Applicant's address
    c. Applicant's telephone number
    d. Applicant's date of birth
    e. Applicant's status (pregnant, postpartum or breastfeeding woman, infant or child)
    f. Anthropometric and hematological data
    g. Brief medical history

4. When you receive the completed medical referral form, the competent professional authority notes the date of receipt, reviews the form, and assigns a priority to the applicant. See Part IV, Section A.4a(4b), PRIORITY CATEGORIES.

5. If the medical referral form is complete and up to date and a nutritional risk factor is not obvious, assign the applicant the lowest priority for the applicant's category. All pregnant and nursing women should be assessed to determine their actual priority.

** IF AN APPLICANT IS IN A PRIORITY YOU DO CURRENTLY ACCEPT, EITHER:

- Give her/him an initial certification appointment within 20 days of your receipt of the completed medical referral form

or

- Put the applicant on your waiting list:

  1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER" . See Part IV, Section A.2 for a copy of this letter.

  2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.

  3. When an initial certification appointment becomes available, send the applicant notification of the appointment. If the medical information on the medical referral form is out of date, you must obtain new information.

** IF AN APPLICANT IS IN A PRIORITY YOU DO NOT CURRENTLY ACCEPT:

- Put the applicant on your waiting list:

  1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER". See Part IV, Section A.2 for a copy of this letter.

  2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.

  3. Explain to the applicant that s/he should notify you if her health changes in a way that might change her WIC priority.

  4. These applicants will remain on your waiting list until their applications expire. They will receive an appointment for initial certification only if their applications have not expired, and you have an approved change in your waiting list plan that would allow you to accept applicants at that priority.

APPLICATIONS ON THE WAITING LIST EXPIRE:

Infants and children:	6 months from receipt of completed medical referral form or when the child turns five years old (whichever comes first)
Pregnant women:	the expected delivery date
Nursing women:	6 months from receipt of completed medical referral form or 1 year from delivery date (whichever comes first)
Postpartum, non-nursing women:	6 months from delivery date

SCHEDULING CERTIFICATIONS WITH A WAITING LIST

This section to be developed as a State Plan Amendment for FY 86.

NUTRITION EDUCATION ACTION PLAN

EACH PROGRAM MUST DEVELOP AN ANNUAL NUTRITION EDUCATION ACTION PLAN.

A Nutrition Education Action Plan (NEAP) outlines the major focus of nutrition education efforts for each program for the coming year. Each action plan consists of a:

1) Goal. A broad statement of the intended outcome(s) of nutrition education for the coming year.

2) Objective(s). A statement of specific, measurable outcomes.

3) Methods/Materials. A description of the tasks necessary to achieve the outcomes.

4) Evaluation. A description of the methods used to measure your progress toward your goal.

The Senior Nutritionist is responsible for submitting the NEAP and for responding to the State WIC Office regarding requested revisions and/or progress reports.

Massachusetts WIC Program

VOUCHER SYSTEM MANUAL

THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

	Date of last Revision
V. FOOD DELIVERY	
A. VOUCHER SYSTEM	8/85
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a. Overview of the WIC Voucher System	8/85
b. Glossary	8/85
2. The WIC Food Voucher	8/85
a. Food Package Descriptions	8/85
1) Voucher messages	9/85
2) Table of quantities	9/85
3) Food package descriptions	9/85
4) Special prescription formula food packages	8/85
- FORMULAS AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM	8/85
b. Computer-Generated (Regular) Vouchers	8/85
1) Receiving computer-generated vouchers	8/85
2) Voucher transmittal record for regular issue (computer-generated) vouchers	8/85
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1) Ordering manual voucher packages	8/85
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6) Preparing manual voucher input forms	8/85
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8) Voiding manual vouchers	8/85
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10) Monthly inventory check	8/85
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a) WIC manual voucher update listing	8/85
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c) WIC manual voucher update reject listing	8/85

	Date of last Revision

V. FOOD DELIVERY (cont.)

A. VOUCHER SYSTEM (cont.)

2. The WIC Food Voucher (cont.)	
d. Voucher Security	8/85
1) Safeguarding vouchers and stamps	8/85
2) Record of staff signatures and initials	8/85
3) Reporting lost or stolen vouchers	8/85
3. Maintaining the Participant Masterfile	8/85
a. Participant Input Forms	8/85
1) Adding a new participant onto the participant masterfile (transaction type 1)	8/85
2) Changing information on a participant record already in the participant masterfile (transaction type 2)	8/85
3) Submitting participant input	8/85
a) Batching participant input forms	8/85
b) Mailing guidelines for participant input	8/85
4) Codes for participant input forms	8/85
a) Code list for local programs and sites	8/85
b) DPH town code listing	8/85
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b. Participant Management Reports	8/85
1) Using weekly participant management reports	8/85
a) WIC recipient update listing	8/85
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c) WIC recipient update rejects listing	8/85
2) Using monthly participant management Reports	8/85
a) Recipient listing by identification number	8/85
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4. Resolving Problems Identified in Voucher Reconciliation	8/85
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VOUCHER SYSTEM

PART V.A OF THE PROCEDURE MANUAL IS KNOWN AS THE VOUCHER SYSTEM MANUAL.

INTRODUCTION

THE PURPOSE OF THE VOUCHER SYSTEM MANUAL IS TO PROVIDE LOCAL WIC STAFF WITH STEP-BY-STEP INSTRUCTIONS ON USING THE COMPUTER SYSTEM WHICH PRODUCES VOUCHERS AND MANAGEMENT REPORTS.

This manual replaces the Computer User's Manual. It is based on that manual but includes much new information, especially on the use of management reports.

The Voucher System Manual is organized in sections which reflect the order in which a local WIC Program carries out the activities described. Each section describes a separate activity, and all information relevant to that activity, such as sample forms and input form codes, is included in the activity's section.

If you need more information or have suggestions on how to improve this manual, please call the Food Delivery staff at the State WIC Office.

OVERVIEW OF THE WIC VOUCHER SYSTEM

THE PURPOSE OF THE WIC VOUCHER SYSTEM IS TO PRODUCE FOOD VOUCHERS FOR ALL WIC PROGRAM PARTICIPANTS AND MANAGEMENT REPORTS FOR WIC PROGRAM STAFF.

THE MASSACHUSETTS WIC COMPUTER SYSTEM MAINTAINS INFORMATION ON PARTICIPANTS, VOUCHERS, AND VENDORS IN COMPUTER FILES CALLED "MASTERFILES".

The Massachusetts WIC Program computer system produces 1) food vouchers for all program participants, and 2) reports giving voucher and participant information for each local WIC program. The local WIC programs maintain this computerized participant filing system by regularly submitting information on their participants to the computer. (See diagram and more detailed description below.)

All of the computerized files (masterfiles) for the Massachusetts WIC Program are kept at the State Bureau of Computer Services (BCS) in Boston.

Once a month, the BCS computer prints a month's supply of WIC food vouchers. Most of these vouchers are pre-printed with a WIC participant's name, and with a food message corresponding to each WIC participant's individual "food package". Other vouchers have food messages printed on them, but do not have a WIC participant's name. These vouchers ("manual" vouchers) can be used when a new participant enters the program and needs vouchers immediately after certification, or when a participant requires a change in her/his existing food package.

The State WIC Office contracts with a delivery service to distribute the vouchers to each local WIC program prior to the beginning of every calendar month. Along with the vouchers, the local WIC programs receive computer-generated reports to assist in managing the computer system.

The local WIC programs distribute the vouchers to their participants during the month. The WIC food vouchers are like negotiable checks which participants use to purchase their entire month's supply of supplemental foods.

All of the local WIC programs throughout Massachusetts authorize retail stores (groceries and pharmacies) to accept WIC vouchers. WIC staff distribute vouchers to their participants on appointed pick-up days. Participants or their authorized representatives sign for the vouchers when they pick them up in the WIC office, and then use the vouchers throughout the month to purchase the prescribed food items at authorized WIC vendors.

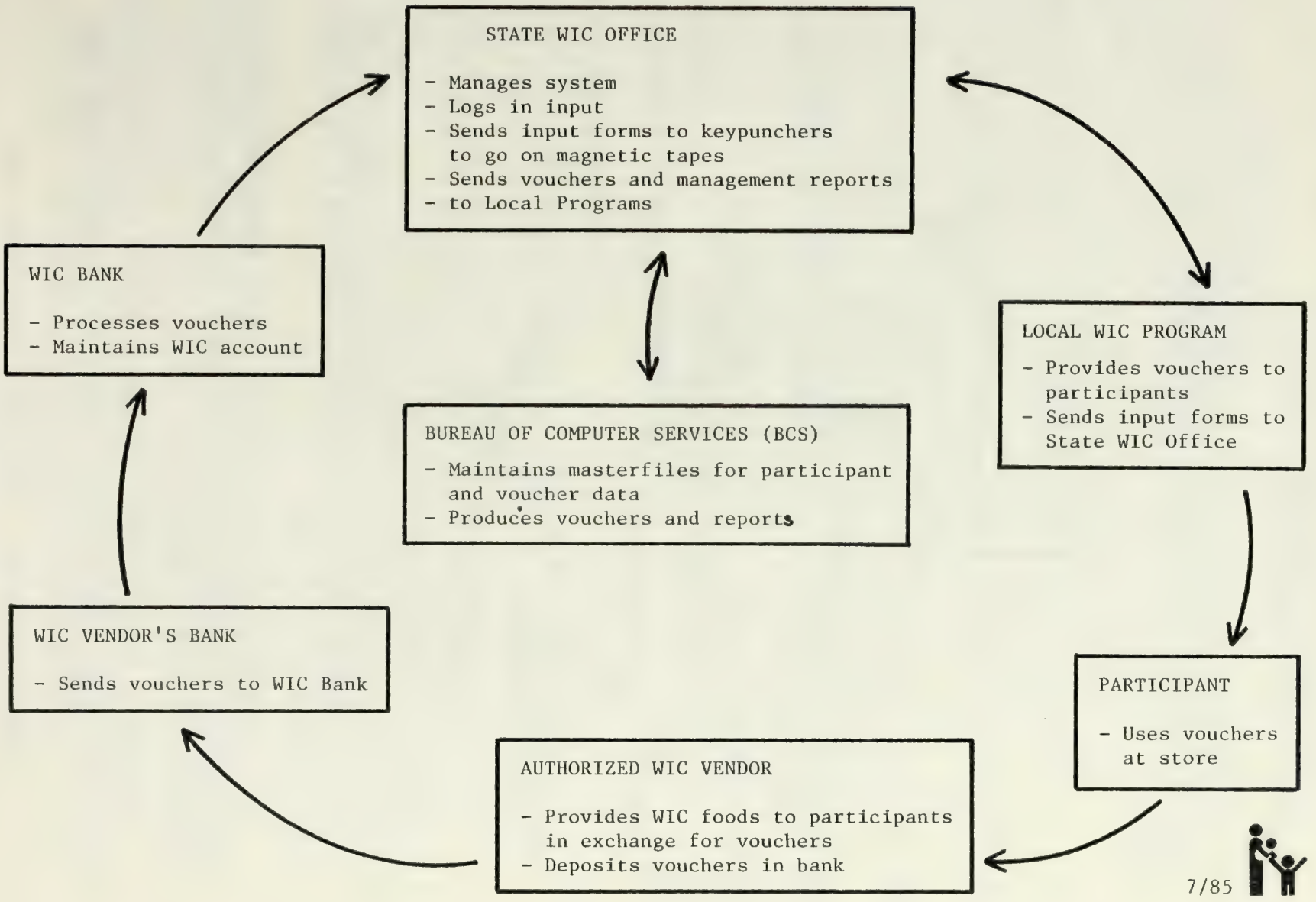
A few programs throughout Massachusetts also authorize a small number of home delivery vendors (dairymen). The participants still come to the WIC office to pick up their vouchers, but may choose to contact an authorized dairy and arrange to have WIC foods delivered directly to their homes each week. When the food is delivered, the participant signs the voucher and gives it to the dairyman as payment.

In both systems, vendors deposit redeemed vouchers directly into their bank accounts as they would other checks. The vouchers are then credited to the vendors' bank accounts, and are paid by the Massachusetts WIC Program's central bank account.

The computerized food delivery system is designed to provide "one-to-one reconciliation" of food vouchers issued. That is, the issuance record of every voucher is matched to the record of the disposition of that voucher. Within ninety days of the voucher's issue date, each voucher is accounted for either as a distributed and cashed voucher, a distributed and uncashed voucher, a distributed voucher for which payment has been stopped, or an undistributed and voided voucher. The system allows matching the monthly bank statement for the food money account with the monthly report of expenditures for voucher issuance as generated by the computer. This reconciliation process is handled by the State WIC Office for all vouchers.

The Massachusetts WIC Program has designed the voucher system to facilitate a local WIC program's management of its caseload, and the delivery of WIC foods to the participant. The local WIC program must submit timely and accurate computer input forms to the State WIC Office in order to keep their participant records up to date and correct. It is the responsibility of the local WIC programs to manage and maintain the system carefully in order to aid them in providing consistent WIC service to their participants.

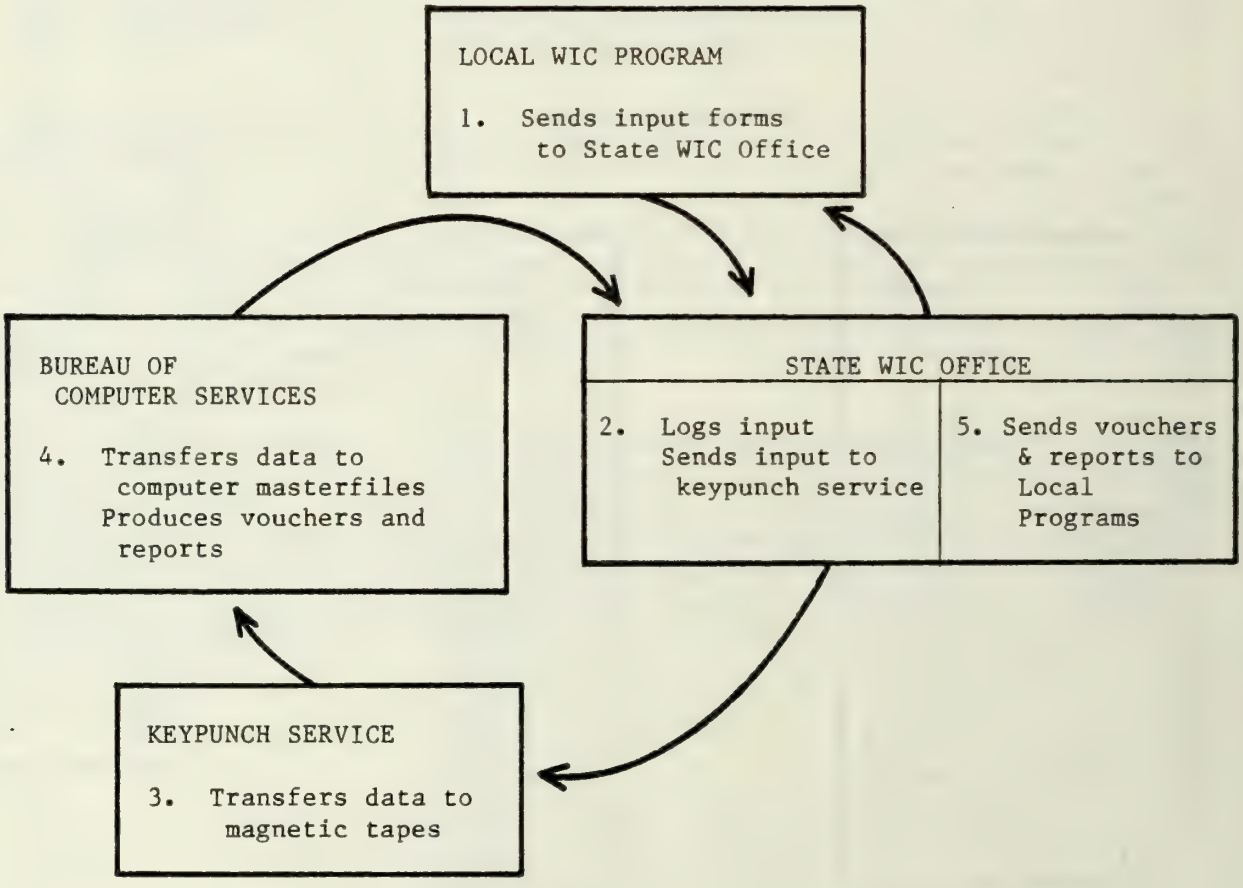
MASSACHUSETTS WIC VOUCHER SYSTEM


STATE WIC OFFICE
- Manages system
- Logs in input
- Sends input forms to keypunchers to go on magnetic tapes
- Sends vouchers and management reports
- to Local Programs
LOCAL WIC PROGRAM
- Provides vouchers to participants
- Sends input forms to State WIC Office
PARTICIPANT
- Uses vouchers at store
AUTHORIZED WIC VENDOR
- Provides WIC foods to participants in exchange for vouchers
- Deposits vouchers in bank
WIC VENDOR'S BANK
- Sends vouchers to WIC Bank
WIC BANK
- Processes vouchers
- Maintains WIC account
BUREAU OF COMPUTER SERVICES (BCS)
- Maintains masterfiles for participant and voucher data
- Produces vouchers and reports

7/85

WHAT HAPPENS TO THE COMPUTER INPUT?

The production of vouchers and reports, which begins with computer input, occurs in a specific cycle of timed events. Understanding the cycle and its timing will help you use the system more effectively. The chart below outlines the cycle.


LOCAL WIC PROGRAM
1. Sends input forms to State WIC Office
BUREAU OF COMPUTER SERVICES
4. Transfers data to computer masterfiles Produces vouchers and reports
STATE WIC OFFICE
2. Logs input Sends input to keypunch service
5. Sends vouchers & reports to Local Programs
KEYPUNCH SERVICE
3. Transfers data to magnetic tapes

The computer input forms are your link with the WIC computer system. All of your "communication" with the computer must be submitted in the form of a correctly filled-out input form.

The computerized files and the printed reports describing those files will reflect exactly the information you submit on input forms. It is therefore VERY IMPORTANT that you submit information carefully and regularly. Keep a 2-month supply of input forms on hand.

The computer has three major files; each requires a different input form:

Participant "masterfile" - takes white Participant Input Form
Voucher "masterfile" - takes white MV Input Form (or green substitute input form)
Vendor "masterfile" - takes yellow Vendor Input Form.

The use of each of these forms is described separately in a later section.

There are 5 steps in the cycle which starts with your input forms:

1. Sending computer input
2. Logging the input forms
3. The keypunch operation
4. The computer operation - Bureau of Computer Services (BCS)
5. Sending vouchers and monthly reports.

Each of these steps in outlined below.

Sending Computer Input

Before you send your completed computer input forms to the State WIC Office, check them carefully to make sure that they are correct and that you have batched them properly.

Send your computer input to the State WIC Office at least twice a week from each of your sites.

The State WIC Office provides you with preprinted business reply mail envelopes to use in mailing your computer input. The mailing address for computer input is:

WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

Logging the Input Forms

When your input forms are received at the State Office, they are logged in by your batch date, type of batch, and number of forms in each batch.

The date the input forms are received and the date they are sent to be keypunched are recorded in a logbook at the State Office.

If you don't know how long it usually takes for your input forms to reach the State Office through the mail, or if you believe that your input may not have reached the State Office, you can call the State Office to check the logbook.

The Keypunch Operation

After the batched input forms are logged in at the State Office, they are sent to the keypunch service where the data is transferred by keypunchers to magnetic tapes.

Usually, the input forms are picked up by the keypunch service on Monday, Wednesday and Friday. During the week when vouchers are printed ("Voucher Create") the input forms are picked up every day.

The Computer Operation - Bureau of Computer Services (BCS)

The magnetic tapes containing the data for the weekly processing are delivered to the State Bureau of Computer Services (BCS) each Friday afternoon.

BCS uses the magnetic tapes containing the data from the input forms to run computer programs which produce weekly management reports and update the masterfiles. Usually these are run over the weekend so that the reports will be at the State Office on Monday morning. The reports are then mailed to the local programs.

During the week of input cut-off for voucher create, the data tapes are delivered to BCS as scheduled in time for voucher production.

Sending Vouchers and Monthly Reports

After the vouchers and the management reports are printed, they are sorted, packed and labelled by staff from the State WIC Office. Since about 300,000 vouchers are printed, this process takes several days. The packed vouchers and reports are then transported to the local WIC programs by the bonded delivery service.

GLOSSARY

Active - status indicating that a participant is receiving preprinted vouchers.

Add - an input form completed to add a participant to the masterfile.

Batch - a group of input forms, collated by type of input and site. Batching refers to the process of separating and collating all input forms, to be mailed to the State WIC Office for further processing.

Batch header - the form used to indicate the number, type and date of submission for input batches.

BCS - Bureau of Computer Services, the State of Massachusetts computer operations center, where WIC vouchers and management reports are produced.

C.P.A. - "Competent Professional Authority," defined by WIC regulations, who is authorized to certify participants.

Certification date - the date (month, day, year) that an applicant is determined eligible to participate in the WIC program, after assessment by the competent professional authority. Critical field for new participants.

Change - an input form completed to change information on a participant currently active on the masterfile.

Computer-generated voucher - a voucher produced for a participant active on the participant masterfile.

Computer masterfile - data file stored in the computer containing all information about participants, vouchers, and vendors for the entire state.

Critical field - those areas of the input forms which must be completed in order for the computer to post the information on the record to the masterfile. These areas are outlined in heavy black type on the input form.

DPH town code - a 3-digit Department of Public Health code number that identifies city or town of residence. Critical field for new participants.

Edit - WIC MV Edit Listing or WIC Participant Edit Listing, weekly management reports listing rejected transactions from the previous week's MV and participant input batches.

Flag - indicators by words, asterisk and/or code number on voucher register and participant report which show impending status changes and required action to be taken by local program for any program participant.

Food package - set of vouchers which makes up the prescribed foods assigned to participant upon certification.

Header - the topmost part of any input form, which must be completed on every form. The information includes program code, location code, participant ID number, and batch date.

Home delivery - an alternative to retail store vendors, whereby individual routemen from a local dairy deliver WIC food directly to participants at their homes. This option is not available to participants in every program.

Household code - an 8-digit number which is also the identification number of one of the participants in the family. It is an optional field, which may be used to identify all members in a participating family, regardless of different last names. If used, vouchers for the family will be grouped together.

Inactive - status indicating that a participant has been terminated from the WIC program and is no longer receiving preprinted vouchers. An inactive participant appears on the participant report for 2 months after termination.

Input form - form completed by local WIC program staff to record data on participants, vendors and manual vouchers issued, so that this information may be entered into the computer masterfile.

Input cut-off - the last day for receipt of input forms by the State WIC Office to be keypunched, such that information on the input forms will appear on the next monthly management reports. Input cutoff is usually around the 18th of the month.

Keypunch - the operation performed to enter all data from input forms onto a magnetic tape. This will be used to create vouchers and reports.

Local program - each individual WIC Program, contracted by the State WIC Office through a Local Agency to provide WIC benefits and services to a designated catchment area.

Location code - a 2-digit number identifying a site of the local program. This field must be completed on every input form.

Logbook - listing kept by the State WIC Office of all input received from local programs, according to date received, number of forms, type of input and mailing date inserted by the local program.

Magnetic tape/data tape - tape onto which information from input forms is keypunched, and from which vouchers and reports are created/printed.

Management report - printed reports produced at BCS from data submitted by local programs, used by local programs to ensure that their records and information are up-to-date and accurate.

Manual voucher (MV) - a voucher which has not been assigned to a participant by the computer, and which must be manually issued by local program staff. Formerly called Emergency Voucher.

Manual voucher inventory log - a computer-produced form listing serial numbers of all MV's produced, used to record disposition of all MV's.

Manual voucher package - a package of manual vouchers accompanied by a manual voucher input form preprinted by the computer, listing the serial numbers of the vouchers in the package.

MICR line - reference numbers printed at the bottom of each voucher for use by the WIC bank (Magnetic Ink Character Recognition).

Optional field - a field on an input form which need not be filled in for the input to be accepted.

Participant - an individual currently certified to receive WIC vouchers.

Participant ID number - an 8-digit number assigned by the local program to each new participant certified for WIC services. This is the number by which the individual will be identified for the duration of her participation in WIC, and should be used in making all changes to her/his record on the computer master-file.

Participant report - monthly alphabetical listing sent to each local program, of all their participants currently active (or terminated within the past 2 months), by site. All vital information on a participant is given in the participant report, based on the input forms submitted by the local program or on automatic systems changes.

Pick-up day - the day assigned by the local program to each participant, on which the voucher becomes valid for 30 days. This is also usually the date that the participant comes in to the local program to receive her next month's vouchers.

Prepaid mailer - preprinted business reply mail envelopes used by the local program to send batched input to the State WIC Office.

Priority - a 3-character field indicating the participant's level of need. This must be completed at every certification and at every repeat certification to reflect accurate, up-to-date status.

Program code - a 3-digit number identifying the local program. This field must be completed on every input form.

Proxy - designated individual who may pick up and sign WIC vouchers for an active WIC participant.

Recertification date - the date (month, day, year) that a current participant is determined to be eligible to continue participating in the WIC Program for 6 more months.

Recipient listing - monthly listing by site of all participants currently active or terminated within the past 2 months, by ID number and name only.

Reject - WIC Recipient Update Rejects list or WIC (Manual Voucher) Reject Listing, weekly management reports listing rejected transactions from the previous week's participant and MV input batches.

Site - the location(s) where WIC services are provided to participants.

State WIC Office - main administrative office, coordinating fiscal, nutrition, program, food delivery, and outreach policy and services for the state.

Termination code - a one-digit field used to indicate the reason an individual was dropped from the WIC Program.

Termination date - the date (month, day, year) a participant is determined to be no longer eligible for WIC services.

Undistributed voucher - any voucher which is assigned to a participant, but which is never picked up by either the participant or her proxy.

Update - a weekly management report, listing all transactions from the previous week's input batch which were accepted and posted to the masterfile.

Validating stamp - stamp bearing imprint "MASS. WIC ----" (4 unique digits), which must be stamped on each voucher once it is signed by the participant in order to make the voucher valid for use. Each local staff member who is responsible for issuing vouchers is assigned a numbered validating stamp for his/her use in voucher distribution.

Vendor - a retail food outlet or pharmacy that has a formal agreement with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

Vendor stamp - stamp issued to each authorized vendor by the local program who approved and signed an agreement with the vendor. The stamp bears a unique 4-digit code which indicates the program and ID number of the vendor, and must be stamped on every voucher redeemed at the local store before the vendor deposits the vouchers in his/her bank for payment.

Vendor identification number - a 3-digit number assigned by the local program to each participating vendor. This number will identify the vendor for the duration of the store's participation in WIC. The first digit is zero; the last two digits correspond to the vendor stamp issued to each store.

Vendor report - monthly listing of all vendors holding agreements with a local program.

Voucher - the food instrument given to the participant by the local WIC Program, to exchange at an authorized WIC vendor for the specific foods printed on the voucher.

Voucher create - the day on which all vouchers and monthly management reports for the next month are printed at BCS. This date is generally around the 20th of each month.

Voucher inventory - stock of manual voucher packages maintained and monitored by a local program.

Voucher register - monthly listing of serial numbers of all preprinted vouchers issued to program participants by site. The participant or proxy must sign the register indicating receipt of vouchers. Program staff must note disposition of any vouchers not distributed to participants on the voucher register.

Voucher serial number - the identification number imprinted in red on each voucher. The serial number is the means by which any voucher may be tracked.

Voucher transmittal record - accompanies delivery of vouchers every month to the local program, listing beginning and ending serial numbers of all voucher batches shipped, and all management reports shipped.

Voucher type - the code assigned to a particular type of voucher, indicating the food message appearing on the voucher.

THE WIC FOOD VOUCHER

THE WIC FOOD VOUCHER IS THE MEANS BY WHICH A WIC PARTICIPANT PURCHASES HER/HIS WIC SUPPLEMENTAL FOODS.

THE WIC PARTICIPANT GIVES THE VOUCHER TO AN AUTHORIZED WIC VENDOR IN EXCHANGE FOR THOSE FOODS PRINTED ON THE FACE OF THE VOUCHER.

See voucher copy below.

FRONT OF THE VOUCHER

1. PARTICIPANT I.D. NO. -- the WIC participant's identification number. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

2. NAME OF PARTICIPANT -- the name of the WIC participant, surname first. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

3. LOCATION -- the local WIC program's location (site) code. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

4. VOUCHER NO. -- the serial number of the individual voucher. Pre-printed on all vouchers.

5. DATE OF ISSUE -- the issue date of the voucher; the first day in which the voucher is valid for use by a participant. Pre-printed on computer-generated vouchers, or handwritten on manual vouchers.

6. SERIAL NUMBER -- a pre-printed number unique to each voucher.

7. FOOD MESSAGE -- an exact description of the food a participant may receive in exchange for the voucher. Pre-printed on all vouchers, except manual voucher type 99, which must be handwritten by local program staff.

8. VOUCHER PACKAGE NUMBER -- a number designating the food package; only appears on the first voucher of each manual voucher package.

9. VOUCHER TYPE NUMBER -- a number designating the particular food message on the front of the voucher. Pre-printed on all vouchers.

10. ACTUAL WIC PURCHASE PRICE -- the exact shelf price of the foods listed in the food message, as purchased by the WIC participant or authorized representative. Filled in by the vendor at the time of purchase.

11. NOT VALID WITHOUT WIC VENDOR AUTHORIZATION STAMP -- validation by the WIC Vendor Authorization Stamp as issued to the vendor by the WIC Program. Stamped by the vendor prior to deposit in the vendor's bank.

12. NOT VALID WITHOUT MASS WIC PROGRAM STAMP -- validation by the local WIC program stamp as issued to the local staff by the State WIC Office. Stamped by the local WIC program upon distributing the voucher to a WIC participant or authorized representative, not before.

13. I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM -- signature of WIC participant or authorized representative. Signed by the WIC participant or authorized representative upon receiving the voucher from the WIC Program.

14. THE CORRECT PRICE WAS WRITTEN IN MY PRESENCE -- signature of WIC participant or authorized representative. Signed by the WIC participant or authorized representative that received the voucher from the WIC Program, upon redeeming the voucher at an authorized WIC vendor. This signature serves as a certification that the price entered by the vendor is the correct price.

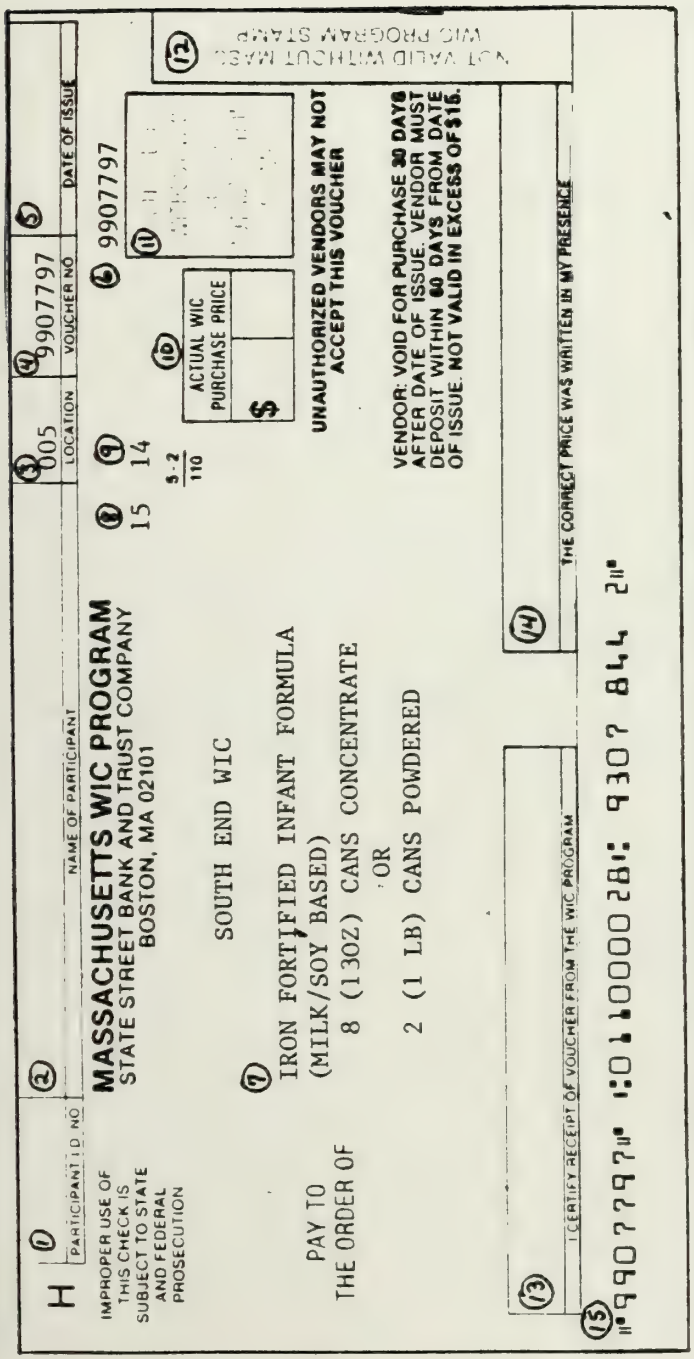
15. MICR Number -- series of MICR (Magnetic Ink Character Recognition) encoded numbers designed to be read by a machine. Pre-printed on all vouchers.

BACK OF THE VOUCHER

1. VENDOR ENDORSEMENT -- certification by the vendor that the price written on the front of the voucher is the correct price, and that the foods purchased by the participant were the correct foods. Signed or stamped by the vendor prior to deposit in the vendor's bank. If the vendor uses an endorsement stamp, the stamp must indicate the vendor's name on the account to which the voucher is being deposited.

2. WIC APPROVED FOODS -- list of all foods authorized by the Massachusetts WIC Program for purchase with Massachusetts WIC vouchers. A participant may only purchase the foods from this list that are indicated on the front of the voucher. Pre-printed on all vouchers.

SAMPLE WIC VOUCHER


H
PARTICIPANT I.D. NO
NAME OF PARTICIPANT
LOCATION
VOUCHER NO
DATE OF ISSUE
005
9907797
IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION
MASSACHUSETTS WIC PROGRAM
STATE STREET BANK AND TRUST COMPANY
BOSTON, MA 02101
SOUTH END WIC
PAY TO THE ORDER OF
IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED)
8 (13OZ) CANS CONCENTRATE
OR
2 (1 LB) CANS POWDERED
15 14
5-2 / 110
9907797
ACTUAL WIC PURCHASE PRICE
$
UNAUTHORIZED VENDORS MAY NOT ACCEPT THIS VOUCHER
VENDOR: VOID FOR PURCHASE 30 DAYS AFTER DATE OF ISSUE. VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM DATE OF ISSUE. NOT VALID IN EXCESS OF $16.
NOT VALID WITHOUT MASS WIC PROGRAM STAMP
I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM
THE CORRECT PRICE WAS WRITTEN IN MY PRESENCE
⑈9907797⑈ ⑆011000028⑆ 9307 844 2⑈

FRONT

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE PRICE SHOWN ON THE FACE OF THIS VOUCHER IS THE CORRECT AND TRUE PRICE OF THE AUTHORIZED WIC FOODS PURCHASED.

① _____
VENDOR ENDORSEMENT

② WIC APPROVED FOODS

MILK

Fluid - whole, lowfat, skim/nonfat (gallons, half gallons, or quarts)
Evaporated - whole, skim
Dry - whole, lowfat, nonfat

CHEESE Domestic only

(No cheese food, cheese food product or cheese spread allowed)
American
Brick
Colby
Cheddar
Monterey Jack
Mozzarella - whole, part-skim
Muenster
Provolone
Swiss

JUICE 100% fruit juice only

Orange - bottle, carton, frozen
Apple - Seneca, frozen in red cans
Hood, carton
West Lynn Creamery carton
Grapefruit - bottle, carton, frozen
(One 12 oz can frozen may substitute for two 6 oz cans frozen)

EGGS

Grade A large

PEANUT BUTTER

Any brand

DRIED PEAS or BEANS

Any type or brand in bags only

CEREAL

Corn Total
Cream of Wheat
Regular
Quick
Instant
Mix 'n Eat, Regular
Halfsies
Kellogg's Bran Flakes
Kix
Maypo
30-Second Oatmeal
Vermont Style Hot Oat Cereal
Maltex
Product 19
Quaker Instant Oatmeal, Regular
Total

INFANT FORMULA

Iron-fortified Liquid concentrate or powder milk- or soy based
(Ready-to-feed non-iron or prescription formulas only when specified on voucher face)

INFANT CEREAL

Dry, iron-fortified, any brand
(No cereals with added fruit allowed)

INFANT JUICE

Any flavor or brand

BACK

FOOD PACKAGE DESCRIPTIONS

This section to be developed for FY 87.

VOUCHER MESSAGES

VOUCHER #	FOOD MESSAGE
01	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
02	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
03	1 (1 LB) CAN _____
04	1 (2 1/2 LBS) CAN LOFENELAC
05	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
06	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
07	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
08	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 1 (1 LB) CAN POWDERED OR 3 BOXES SINGLE-FEED POWDER PACKS
09	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
10	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
11	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
12	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
13	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 1 (1 LB) CANS POWDERED
14	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
15	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
16	1 GALLON OF WHOLE MILK
17	3 HALF GALLONS OF WHOLE MILK

VOUCHER MESSAGES, p. 2

VOUCHER #	FOOD MESSAGE
20	2 GALLONS OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
21	3 HALF GALS OF FLUID MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
22	2 GALLONS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
23	3 HALF GALS OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
24	1 GALLON OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3(6OZ) CANS FROZEN
25	1 GALLON OF FLUID MILK AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
26	1 GALLON OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
27	UP TO 36OZ OF WIC CEREAL AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER
28	2 POUNDS OF WIC CHEESE AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
29	2 1/2 POUNDS OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN

VOUCHER MESSAGES, p. 3

VOUCHER #	FOOD MESSAGE
30	2 POUNDS OF WIC CHEESE AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
31	3 HALF GALS OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
32	3 HALF GALS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
33	3 HALF GALS SKIM/LOWFAT MILK AND 1 DOZEN LARGE EGGS 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
34	3 HALF GALS SKIM/LOWFAT MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
35	3 HALF GALS SKIM/LOWFAT MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRESH JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
36	3 HALF GALS SKIM/LOWFAT MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
37	2 POUNDS OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
38	3 QUARTS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
39	1 GAL AND 1 QT OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN

VOUCHER MESSAGES, p. 4

VOUCHER #	FOOD MESSAGE
40	1 GAL AND 1 QT OF FLUID MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
41	1 GAL AND 1 QT OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
42	1 GAL AND 1 QT OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
43	3 HALF GALS OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
44	3 HALF GALS OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
45	3 HALF GALS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
46	3 HALF GALS OF FLUID MILK AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
47	1 GALLON OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
48	1 HALF GAL OF FLUID MILK AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
49	1 GALLON OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN

VOUCHER MESSAGES, p. 5

VOUCHER #	FOOD MESSAGE
50	UP TO 36OZ OF WIC CEREAL
51	2 POUNDS OF WIC CHEESE AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
52	2 POUNDS OF WIC CHEESE AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
53	2 POUNDS OF WIC CHEESE AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
54	6 (13OZ) CANS EVAPORATED MILK OR 2 (16OZ) BOXES OF DRY MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
55	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
56	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
57	7 (13OZ) CANS EVAPORATED MILK OR 2 (16OZ) BOXES OF DRY MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
58	7 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
59	7 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN

VOUCHER MESSAGES, p. 6

VOUCHER #	FOOD MESSAGE
60	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
61	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
62	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
63	6 (13OZ) CANS EVAPORATED MILK OR 2 (16OZ) BOXES OF DRY MILK AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
64	6 QUARTS FLUID LACTAID AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
65	6 QUARTS FLUID LACTAID AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
66	6 QUARTS FLUID LACTAID AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
67	6 QUARTS FLUID LACTAID AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
68	8 QUARTS FLUID LACTAID AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
69	8 QUARTS FLUID LACTAID AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
99	NO MESSAGE Use only for: - special prescription formulas - evaporated milk for infants - packages approved by State WIC Offic

TABLE OF QUANTITIES

WOMEN'S FOOD PACKAGES

WOMEN - W1, W3

All W1 and W3 food packages provide the following amounts of cereal, eggs, juice and dry beans/peas or peanut butter:

- 2½ dozen eggs
- 36 oz. cereal
- ≤ 276 oz. fresh juice OR 288 oz. frozen juice
- 1 lb. beans/peas OR 18 oz. of peanut butter

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
01	W1, W3	Small fluid milk	No	24 qts. fluid
07	W1, W3	Standard fluid milk	No	28 qts. fluid
08	W1, W3	Milk/cheese	No	16 qts. fluid 4 lbs. cheese
09	W1, W3	All cheese	CPA	9 lbs. cheese
10	W1, W3	Standard evaporated or dry milk	No	28 cans evaporated OR 5 lbs. dry

WOMEN - W2

All W2 food packages provide the following amounts of cereal, eggs and juice:

- 2½ dozen eggs
- 36 oz. cereal
- ≤ 184 oz. fresh juice OR 192 oz. frozen juice

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
11	W2	Standard fluid milk	No	24 qts. fluid
12	W2	Milk/cheese	No	12 qts. fluid 4 lbs. cheese
13	W2	All cheese	CPA	8 lbs. cheese
14	W2	Standard evaporated or dry milk	No	24 cans evaporated OR 5 lbs. dry

TABLE OF QUANTITIES, p. 2

INFANTS' FOOD PACKAGES

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
		INFANTS 0-12m		
15	I 0-12m	Standard formula	No	31 (13 oz.) cans concentrate OR 8 (1 lb.) cans powdered
17	I 0-12m	Standard ready-to-feed formula	CPA	25 (32 oz.) cans fluid
19	I 0-12m	Half standard formula	No	15 (13 oz.) cans concentrate OR 4 (1 lb.) cans powdered
22	I 0-12m	Small formula	No	7 (13 oz.) cans concentrate OR 2 (1 lb.) cans powdered
24	I 0-12m	Breastfeeding formula supplement	No	1 (1 lb.) can powdered OR 3 boxes single-feed powder packets
		INFANTS 5-12m		
16	I 5-12m	Standard formula, infant cereal, juice	No	31 (13 oz.) cans concentrate OR 8 (1 lb.) cans powdered 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
18	I 5-12m	Standard ready-to-feed formula, infant cereal, juice	CPA	25 (32 oz.) cans fluid 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
20	I 5-12m	Half standard formula, infant cereal, juice	No	15 (13 oz.) cans concentrate OR 4 (1 lb.) cans powdered 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
21	I 5-12m	Infant cereal, juice	No	24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice

TABLE OF QUANTITIES, p. 3

INFANTS' FOOD PACKAGES (cont.)

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
		INFANTS 5-12m (cont.)		
23	I 5-12m	Small formula, infant cereal, juice	No	7 (13 oz.) cans concentrate OR 2 (1 lb.) cans powdered 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
25	I 5-12m	Breastfeeding formula supplement, infant cereal, juice	No	1 (1 lb.) can powdered OR 3 boxes single-feed powder packets 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
26	I 6-12m	Whole milk, infant cereal, juice	MD	20 qts. whole milk 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
27	I 6-12m	Small whole milk, infant cereal, juice	MD	10 qts. whole milk 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
28	I 0-4m	Half standard ready-to-feed formula	CPA	13 (32 oz.) cans fluid

TABLE OF QUANTITIES, p. 4

CHILDREN'S FOOD PACKAGES

All children's food packages provide the following amounts of cereal, eggs, juice and dry beans/peas or peanut butter:

- 2½ dozen eggs
- 36 oz. cereal
- ≤ 276 oz. fresh juice OR 288 oz. frozen juice
- 1 lb. beans/peas OR 18 oz. of peanut butter

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
01	C	Standard fluid milk	No	24 qts. fluid
02	C	Standard skim/lowfat milk	CPA	24 qts. fluid
03	C	All cheese	CPA	8 lbs. cheese
04	C	Milk/cheese	No	15 qts. fluid 3 lbs. cheese
05	C	Small fluid milk	No	20 qts. fluid
06	C	Standard evaporated or dry milk	No	24 cans evaporated OR 5 lbs. dry

TABLE OF QUANTITIES, p. 5

SPECIAL NEEDS FOOD PACKAGES

PACKAGE	FOR WHOM		DESCRIPTION	APPROVAL	QUANTITIES
			INFANTS 0-12m		
80	I	0-4m	Half standard non-iron fortified formula	MD	15 (13 oz.) cans concentrate OR 4 (1 lb.) cans powdered
81	I	0-4m	Half standard non-iron fortified ready-to-feed formula	MD/CPA	13 (32 oz.) cans fluid
89	I	0-12m	Standard non-iron fortified formula	MD	31 (13 oz.) cans concentrate OR 8 (1 lb.) cans powdered
91	I	0-12m	Standard non-iron fortified ready-to-feed formula	MD/CPA	25 (32 oz.) cans fluid
93	I	0-12m	Nutramigen, Pregestimil or Portagen	MD	8 (1 lb.) cans powdered
96	I	0-12m	Lofenelac	MD	3 ($2\frac{1}{2}$ lb.) cans powdered
99	I	0-12m	Manual package	CPA	No vouchers generated
			INFANTS 5-12m		
90	I	5-12m	Standard non-iron fortified formula, infant cereal, juice	MD	31 (13 oz.) cans concentrate OR 8 (1 lb.) cans powdered 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
92	I	5-12m	Standard non-iron fortified ready-to-feed formula, infant cereal, juice	MD/CPA	25 (32 oz.) cans fluid 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice

TABLE OF QUANTITIES, p. 6

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
		INFANTS 5-12m (cont.)		
94	I 5-12m	Nutramigen, Pregestimil or Portagen, infant cereal, juice	MD	8 (1 lb.) cans powdered 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
97	I 5-12m	Lofenelac, infant cereal, juice	MD	3 (2½ lb.) cans powdered 24 oz. infant cereal 15 jars infant juice OR 96 oz. frozen juice
99	I 5-12m	Manual Package	CPA	No vouchers generated
		CHILDREN AND WOMEN		
82	W1, W3, C	Small fluid Lactaid	CPA	24 qts. fluid Lactaid 1 lb. peas/beans OR 18 oz. of peanut butter 276 oz. fresh juice OR 288 oz. frozen juice 36 oz. cereal 2½ dozen eggs
83	W1, W3	Standard fluid Lactaid	CPA	28 qts. fluid Lactaid 1 lb. peas/beans OR 18 oz. of peanut butter 276 oz. fresh juice OR 288 oz. frozen juice 36 oz. cereal 2½ dozen eggs

TABLE OF QUANTITIES, p. 7

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
		CHILDREN AND WOMEN (cont.)		
84	C, W	Standard non-iron fortified formula, adult cereal, juice	MD	31 (13 oz.) cans concentrate 36 oz. cereal 128 oz. fresh juice OR 144 oz. frozen juice
85	C, W	Standard formula, adult cereal, juice	MD	31 (13 oz.) cans concentrate OR 8 (1 lb.) cans powdered 36 oz. cereal 128 oz. fresh juice OR 144 oz. frozen juice
86	C, W	Above standard formula, adult cereal, juice	MD/CPA	35 (13 oz.) cans concentrate OR 9 (1 lb.) cans powdered 36 oz. cereal 128 oz. fresh juice OR 144 oz. frozen juice
87	C, W	Standard ready-to-feed formula, adult cereal, juice	MD/CPA	25 (32 oz.) cans fluid 36 oz. cereal 128 oz. fresh juice OR 144 oz. frozen juice
88	C, W	Above standard ready-to-feed formula, adult cereal, juice	MD/CPA	28 (32 oz.) cans fluid 36 oz. cereal 128 oz. fresh juice OR 144 oz. frozen juice

TABLE OF QUANTITIES, p. 8

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE	FOR WHOM	DESCRIPTION	APPROVAL	QUANTITIES
		CHILDREN AND WOMEN (cont.)		
95	C, W	Nutramigen, Pregestimil or Portagen, adult cereal, juice	MD	8 (1 lb.) cans powdered 36 oz. cereal 128 oz. fresh juice OR 144 oz. frozen juice
98	C, W	Lofenelac, adult cereal, juice	MD	3 (2½ lb.) cans powdered 36 oz. cereal 128 oz. fresh juice OR 144 oz. frozen juice
99	C, W	Manual Package	CPA	No vouchers generated

FOOD PACKAGE DESCRIPTIONS

WOMEN'S FOOD PACKAGES

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
01	Small fluid milk	21	1	3 HALF GALS OF FLUID MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		23	1	3 HALF GALS OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		31	1	3 HALF GALS OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		32	1	3 HALF GALS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** W1, W3				
07	Standard fluid milk	20	1	2 GALLONS OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		21	1	3 HALF GALS OF FLUID MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		22	1	2 GALLONS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		23	1	3 HALF GALS OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
** W1, W3				

FOOD PACKAGE DESCRIPTIONS, p. 2

WOMEN'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
08	Milk/cheese	24	1	1 GALLON OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3(6OZ) CANS FROZEN
		25	2	1 GALLON OF FLUID MILK AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		26	1	1 GALLON OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** W1, W3		27	1	UP TO 36OZ OF WIC CEREAL AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER
09	All cheese	27	1	UP TO 36OZ OF WIC CEREAL AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER
		28	1	2 POUNDS OF WIC CHEESE AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		29	2	2 1/2 POUNDS OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		30	1	2 POUNDS OF WIC CHEESE AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** W1, W3 CPA APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 3

WOMEN'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
10	Standard evaporated or dry milk	27	1	UP TO 36OZ OF WIC CEREAL AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER
		57	1	7 (13OZ) CANS EVAPORATED MILK OR 2 (16OZ) BOXES OF DRY MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		58	2	7 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		59	1	7 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** W1, W3				
11	Standard fluid milk	43	1	3 HALF GALS OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		44	1	3 HALF GALS OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		45	1	3 HALF GALS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		46	1	3 HALF GALS OF FLUID MILK AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
** W2				

FOOD PACKAGE DESCRIPTIONS, p. 4

WOMEN'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
12	Milk/cheese	47	1	1 GALLON OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		48	2	1 HALF GAL OF FLUID MILK AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		49	1	1 GALLON OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
** W2		50	1	UP TO 36OZ OF WIC CEREAL
13	All cheese	50	1	UP TO 36OZ OF WIC CEREAL
		51	1	2 POUNDS OF WIC CHEESE AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		52	2	2 POUNDS OF WIC CHEESE AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		53	1	2 POUNDS OF WIC CHEESE AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
** W2 CPA APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 5

WOMEN'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
14	Standard evaporated or dry milk	60	1	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		61	1	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		62	1	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 QUART FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
		63	1	6 (13OZ) CANS EVAPORATED MILK OR 2 (16OZ) BOXES OF DRY MILK AND 100% FRUIT JUICE 2 QUARTS FRESH OR 1 (12OZ) OR 2 (6OZ) CANS FROZEN
** W2				

FOOD PACKAGE DESCRIPTIONS, p. 6

INFANT'S FOOD PACKAGES

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
15	Standard formula	14	3	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		15	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** 0 - 4 months				
16	Standard formula, Infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
		14	3	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		15	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** 5 - 12 months				
17	Standard ready-to-feed formula	01	3	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
		02	1	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
** 0 - 4 months CPA APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 7

INFANT'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
18	Standard ready-to-feed formula, infant cereal, juice	01	3	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
		02	1	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
		07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
** 5 - 12 months CPA APPROVAL NEEDED				
19	Half standard formula	14	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		15	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** 0 - 4 months				
20	Half standard formula, infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
		14	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		15	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** 5 - 12 months				
21	Infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
** 5 - 12 months				

FOOD PACKAGE DESCRIPTIONS, p. 8

INFANT'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
22	Small formula	15	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** 0 - 4 months				
23	Small formula, infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
		15	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** 5 - 12 months				
24	Breastfeeding formula supplement	08	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 1 (1 LB) CAN POWDERED OR 3 BOXES SINGLE-FEED POWDER PACKS
** 0 - 4 months				
25	Breastfeeding formula supplement, infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
		08	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 1 (1 LB) CAN POWDERED OR 3 BOXES SINGLE-FEED POWDER PACKS
** 5 - 12 months				
26	Whole milk, infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
		16	2	1 GALLON OF WHOLE MILK
** 6 - 12 months MD APPROVAL NEEDED		17	2	3 HALF GALLONS OF WHOLE MILK

FOOD PACKAGE DESCRIPTIONS, p. 9

INFANT'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
27	Small whole milk, infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
		16	1	1 GALLON OF WHOLE MILK
** 6 - 12 months MD APPROVAL NEEDED		17	1	3 HALF GALLONS OF WHOLE MILK
28	Half standard ready-to feed formula	01	1	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
		02	1	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
** 0 - 4 months CPA APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 10

CHILDREN'S FOOD PACKAGES

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
01	Standard fluid milk	21	1	3 HALF GALS OF FLUID MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		23	1	3 HALF GALS OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		31	1	3 HALF GALS OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		32	1	3 HALF GALS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
02	Standard skim/lowfat milk	33	1	3 HALF GALS SKIM/LOWFAT MILK AND 1 DOZEN LARGE EGGS 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		34	1	3 HALF GALS SKIM/LOWFAT MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		35	1	3 HALF GALS SKIM/LOWFAT MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRESH JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		36	1	3 HALF GALS SKIM/LOWFAT MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
CPA APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 11

CHILDREN'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
03	All cheese	27	1	UP TO 36OZ OF WIC CEREAL AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER
		28	1	2 POUNDS OF WIC CHEESE AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		30	1	2 POUNDS OF WIC CHEESE AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		37	2	2 POUNDS OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
CPA APPROVAL NEEDED				
04	Milk/cheese	24	1	1 GALLON OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3(6OZ) CANS FROZEN
		25	2	1 GALLON OF FLUID MILK AND 1 POUND OF WIC CHEESE AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		27	1	UP TO 36OZ OF WIC CEREAL AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER
		38	1	3 QUARTS OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN

FOOD PACKAGE DESCRIPTIONS, p. 12

CHILDREN'S FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
05	Small fluid milk	39	1	1 GAL AND 1 QT OF FLUID MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		40	1	1 GAL AND 1 QT OF FLUID MILK AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		41	1	1 GAL AND 1 QT OF FLUID MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		42	1	1 GAL AND 1 QT OF FLUID MILK AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
06	Standard evaporated or dry milk	27	1	UP TO 36OZ OF WIC CEREAL AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER
		54	1	6 (13OZ) CANS EVAPORATED MILK OR 2 (16OZ) BOXES OF DRY MILK AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		55	2	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		56	1	6 (13OZ) CANS EVAPORATED MILK OR 1 (16OZ) BOX OF DRY MILK AND 1 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN

FOOD PACKAGE DESCRIPTIONS, p. 13

SPECIAL NEEDS FOOD PACKAGES

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
80	Half standard non-iron fortified formula	11	1	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		12	1	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** I 0-4 months MD APPROVAL NEEDED				
81	Half standard non-iron fortified ready-to-feed formula	05	1	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
		06	1	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
** I 0-4 months MD/CPA APPROVAL NEEDED				
82	Small fluid Lactaid	64	1	6 QUARTS FLUID LACTAID AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		65	1	6 QUARTS FLUID LACTAID AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		66	1	6 QUARTS FLUID LACTAID AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		67	1	6 QUARTS FLUID LACTAID AND 1 AND 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** W1, W3, C CPA APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 14

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
83	Standard fluid Lactaid	64	1	6 QUARTS FLUID LACTAID AND 1 POUND DRY BEANS/PEAS OR 18OZ OF PEANUT BUTTER AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		65	1	6 QUARTS FLUID LACTAID AND UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3 (6OZ) CANS FROZEN
		68	1	8 QUARTS FLUID LACTAID AND 1 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		69	1	8 QUARTS FLUID LACTAID AND 1 AND 1/2 DOZEN LARGE EGGS AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** W1, W3 CPA APPROVAL NEEDED				
84	Standard non-iron fortified formula, adult cereal, juice	09	1	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		10	1	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		11	3	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		12	1	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** C 1-5 years W1, W2, W3 MD APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 15

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
85	Standard formula, adult cereal, juice	09	1	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		10	1	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		14	3	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** C 1-5 years W1, W2, W3 MD APPROVAL NEEDED		15	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
86	Above standard formula, adult cereal, juice	09	1	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		10	1	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
		13	1	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 1 (1 LB) CANS POWDERED
** C 1-5 years W1, W2, W3 MD/CPA APPROVAL NEEDED		15	4	IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED

FOOD PACKAGE DESCRIPTIONS, p. 16

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
87	Standard ready-to-feed formula, adult cereal, juice	01	3	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
		02	1	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
		09	1	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		10	1	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** C 1-5 years W1, W2, W3 MD/CPA APPROVAL NEEDED				
88	Above standard ready-to-feed formula, adult cereal, juice	02	4	READY-TO-FEED IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
		09	1	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		10	1	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** C 1-5 years W1, W2, W3 MD/CPA APPROVAL NEEDED				
89	Standard non-iron fortified formula	11	3	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		12	1	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** I 0-4 months MD APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 17

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
90	Standard non-iron fortified formula, infant cereal, juice	07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
		11	3	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 8 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
		12	1	NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (13OZ) CANS CONCENTRATE OR 2 (1 LB) CANS POWDERED
** I 5-12 months MD APPROVAL NEEDED				
91	Standard non-iron fortified ready-to-feed formula	05	3	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED)
		06	1	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
** I 0-4 months MD/CPA APPROVAL NEEDED				
92	Standard non-iron fortified ready-to-feed formula, infant cereal, juice	05	3	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 6 (32OZ) CANS
		06	1	READY-TO-FEED NON-IRON FORTIFIED INFANT FORMULA (MILK/SOY BASED) 7 (32OZ) CANS
		07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
** I 5-12 months MD/CPA APPROVAL NEEDED				
93	Nutramigen, Pregestimil, or Portagen	03	8	1 (1 LB) CAN _____
** I 0-4 months MD APPROVAL NEEDED				
94	Nutramigen, Pregestimil, or Portagen, infant cereal, juice	03	8	1 (1 LB) CAN _____
		07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
** I 5-12 months MD APPROVAL NEEDED				

FOOD PACKAGE DESCRIPTIONS, p. 18

SPECIAL NEEDS FOOD PACKAGES (cont.)

PACKAGE NUMBER	DESCRIPTION	VOUCHER NUMBER	NUMBER OF VOUCHERS IN PACKAGE	FOOD MESSAGE
95	Nutramigen, Pregestimil, or Portagen, adult cereal, juice	03	8	1 (1 LB) CAN _____
		09	1	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		10	1	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** C 1-5 years W1, W2, W3 MD APPROVAL NEEDED				
96	Lofenelac	04	3	1 (2 1/2 LBS) CAN LOFENELAC
** I 0-4 months MD APPROVAL NEEDED				
97	Lofenelac, infant cereal, juice	04	3	1 (2 1/2 LBS) CAN LOFENELAC
		07	1	UP TO 24OZ OF IRON FORTIFIED INFANT CEREAL AND 100% FRUIT JUICE 15 (4.2OZ) INFANT JARS OR 2 (12OZ) OR 4 (6OZ) CANS FROZEN
** I 5-12 months MD APPROVAL NEEDED				
98	Lofenelac, adult cereal, juice	04	3	1 (2 1/2 LBS) CAN LOFENELAC
		09	1	UP TO 36OZ OF WIC CEREAL AND 100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 2 (12OZ) OR 3(6OZ) CANS FROZEN
		10	1	100% FRUIT JUICE 1 HALF GAL OR 2 QTS FRESH OR 1 (12OZ) OR 3 (6OZ) CANS FROZEN
** C 1-5 years W1, W2, W3 MD APPROVAL NEEDED				
99	Manual package	No vouchers generated; use manual voucher package 99. USE ONLY FOR EVAPORATED MILK FOR INFANTS AND SPECIAL FORMULAS. USE FOR OTHER ITEMS ONLY WITH APPROVAL OF STATE OFFICE.		
MD/CPA APPROVAL NEEDED				

SPECIAL PRESCRIPTION FORMULA

FOOD PACKAGES

Unless otherwise indicated, the following food packages are hand written on a voucher #99.

PACKAGE TYPE	NUMBER OF VOUCHERS IN PACKAGE	MESSAGE	SPECIAL INSTRUCTIONS
Meat Base Formula Package	3	7 (15 oz.) cans Meat Base Formula	
	1	5 (15 oz.) cans Meat Base Formula	
Product 3232A Formula Package	1	4 (1 lb.) cans of Product 3232 A	State Reimbursement
RCF Formula Package	3	8 (13 oz.) cans RCF	
	1	7 (13 oz.) cans RCF	
Phenyl-Free Formula Package	1	4 (2.5 lb.) cans powdered Phenyl-free	State Reimbursement
PKU-1 Formula Package	1	2 (1.1 lb.) cans powdered PKU-1	State Reimbursement
PKU-2 Formula Package	1	2 (1.1 lb.) cans powdered PKU-2	State Reimbursement
MSUD Diet Powder Formula Package	1	3 (2.5 lb.) cans MSUD Diet Powder	State Reimbursement
Product 3200AB Formula Package	7	Product 3200AB	Use package #93, 94, or 95 Use only 7 vouchers; void the 8th
Product 3200K Formula Package	7	1 (14 oz.) can powdered Product 3200K	
Product 80056 Formula Package	1	1 (5 lb.) can powdered Product 80056	State Reimbursement

SPECIAL PRESCRIPTION FORMULA
FOOD PACKAGES, p. 2

PACKAGE TYPE	NUMBER OF VOUCHERS IN PACKAGE	MESSAGE	SPECIAL INSTRUCTIONS
Sustacal Formula Package (Ready To Feed)	5	5 (32 oz.) cans Ready-To-Feed Sustacal	
Sustacal Formula Package (Powder)	1	2 (3.8 lb) cans powdered Sustacal	State Reimbursement
Sustacal Formula Package (Powder Packets)	2	8 boxes of Sustacal Powder Packets	State Reimbursement
Isocal Formula Package	5	5 (32 oz.) cans Ready-To-Feed Isocal	
Sustagen Formula Package (1 lb. Powder)	5	5 (1 lb.) cans powdered Sustagen	State Reimbursement
Sustagen Formula Package (2.5 lb. Powder)	2	5 (2.5 lb) cans powdered Sustagen	State Reimbursement
Sustagen Formula Package (5 lb. Powder)	1 1	2 (5 lb.) cans powdered Sustagen 3 (5 lb.) cans powdered Sustagen	State Reimbursement
Ensure Formula Package (Ready-To-Feed)	5	5 (32 oz.) cans Ready-To-Feed Ensure	
Ensure Formula Package (Powder)	1 1	6 (14 oz.) cans powdered Ensure 7 (14 oz.) cans powdered Ensure	State Reimbursement
Ensure Osmolite Formula Package	5	5 (32 oz.) cans Ready-To-Feed Ensure Osmolite	
Vital Formula Package	2	10 boxes of Vital powder packets	State Reimbursement

FORMULAS AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM

MASSACHUSETTS WIC PROGRAM
150 Tremont Street, 3rd floor
Boston, MA 02111

August 1985

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Formulas Available From the Massachusetts WIC Program

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INTRODUCTION

Under current federal regulations, a wide variety of formulas is now available to infants, children and women on the WIC Program. (1) The following charts list the brand names of the formulas which can be purchased with WIC vouchers in Massachusetts and provide a variety of information about each formula. The formulas are divided into four categories: 1) Regular - milk and soy based; 2) Special - for persons with protein, carbohydrate and/or fat intolerance; 3) Special - for persons with inborn errors of metabolism; and 4) Adult nutritionals.

The left half of each of the four pages indicates the following information about each formula: the manufacturer; the protein, carbohydrate and fat composition; and the indications for and comments about its use. The information contained in this section is from the product manuals available from each formula company (2-7) and from Children's Hospital Medical Center of Boston. (8) Dr. Mary Ampola of the New England Medical Center and Fran Rohr, R.D., of Children's Hospital Medical Center provided much of the information about the formulas for metabolic disorders.

The right half of each page contains data relevant to the purchase and preparation of each formula, as well as information about its availability from the Massachusetts WIC Program.

The information contained in the columns labeled SIZES and AMOUNT RECONSTITUTED, is taken from the company product manuals. (Many of the adult nutritionals listed on page 4 are also available in other, smaller sizes than those indicated on the chart. Due to their cost, they are not available from the Massachusetts WIC Program.) Wherever possible, the calculations used to derive the amount of reconstituted formula from each can of powder is indicated in parentheses below the amount.

The prices given are from the most recent wholesale price lists available from each company and, in some cases, from conversations with formula company representatives. On page one, a single price is given for several different brands. The prices of the individual formulas were averaged; prices of the different brands never varied more than a few cents. Prices are mainly useful for comparison purposes.

The last four columns relate specifically to the policy of the Massachusetts WIC Program. The amount of each type of formula which is available from the WIC program each month is indicated. In most cases, the number of cans or boxes allowable per month is either 8 pounds of powder or approximately 806 ounces of reconstituted formula, the amounts specified in the federal regulations. The cost per month of each formula is based on the figures in the PRICE column. The approval needed to receive each formula is also noted. STD indicates that the formula is in a standard food package. CPA means that a competent professional authority must approve the issuance of vouchers for this formula. MD indicates that the formula must be approved by the client's physician. The fifth page lists the formulas which are not available from the WIC program and indicates the reasons they are not available. The last page explains the abbreviations used on the charts.

Lact-Aid Milk

Lact-Aid, lactose reduced milk, is approved for use in WIC. This product meets the requirements for fluid milk. The lactose content of Lact-Aid is 70% less then unmodified fluid milk. This is achieved by the addition of a yeast derived lactase. This product provides another option for participants with lactose intolerance. Lact-Aid is marketed in Massachusetts by H.P. Hood and is available by the quart for approximately $.89-.99.

Lact-Aid may be issued by the competent professional authority when the medical referral form indicates lactose intolerance, or discussion during the nutrition assessment reveals gastrointestinal disturbances with milk ingestion. The reason for issuance must be documented in the assessment and SOAP note.

SPECIAL FORMULAS APPROVED FOR METABOLIC DISORDERS

Chapter 655 of the Medicaid Acts of 1983 provides for third party reimbursement for special medical formulas which are approved by the Commissioner of Public Health and prescribed by a physician for the treatment of certain inborn errors of metabolism. In accordance with this statue, Commissioner Bailus Walker, Jr., M.P.H., Ph.D., has approved the following formulas for the treatment of the following conditions:

Condition	Formulas	Manufacturer
PKU/Maternal PKU	Lofenalac	Mead Johnson
	Phenyl Free	Mead Johnson
	PKU-1	Milupa
	PKU-2	Milupa
	PKU-3	Milupa
	Maxamaid XP	Scientific Hospital Supplies
	Maxamum	Scientific Hospital Supplies
Tyrosinemia/Tyrosinosis	3200 AB	Mead Johnson
	TYR	Milupa
Propionic Acidemia Methylmalonic Acidemia	OS-1	Milupa
	OS-2	Milupa
Homocystinuria	3200 K	Mead Johnson
	Hom	Milupa
MSUD	MSUD Powder	Mead Johnson
	MSUD	Milupa

Requests for Medicaid coverage of Liquid Food Supplements for infants and children can be made to the Pharmacy Program at the Medical Division of the Department of Public Welfare. The procedure for obtaining "prior approval" for payment of "formula" anywhere in the state is as follows:

Using hospital or physician's letterhead, the patient's physician writes a letter to the Pharmacy Program requesting approval for payment of "formula". The letter must include:

- Patient's name, address, and Medicaid cardholder number.
- Diagnosis and statement of medical necessity.
- Name of product and unit size to be obtained.

The letter should be sent to:

Pharmacy Program-Prior Approvals
Medical Division-Room 740
Department of Public Welfare
600 Washington Street
Boston, MA 02111

When the Pharmacy Program approves coverage of the formula a letter is sent to the physician noting the date of issue and the date of expiration. Coverage of the prescription is usually good for up to five refills or for a duration of six months, whichever comes first. A special billing number, given in the "approval letter" needs to be included on the prescription written by the physician. The client must then present the prescription and her Medicaid card to her local pharmacy to obtain the formula.

REFERENCES

1. U.S. Department of Agriculture, Food and Nutrition Service, Special Supplemental Food Program for Women, Infants and Children: Federal Register - Rules and Regulations, Vol. 50 No. 30, February 13, 1985.

2. Gerber Products Company - Fremont, Michigan 49412

3. Loma Linda Foods - Riverside, California 92515

4. Mead Johnson Laboratories - Evansville, Indiana 47721

5. Milupa Corporation - 48 Church Street, Canajoharie, New York 13317

6. Ross Laboratories - Columbus, Ohio 43216

7. Wyeth Laboratories - Philadelphia, Pennsylvania 19101

8. "Table 1 - Infant Formula Product Comparison": Children's Hospital Medical Center, Boston, Massachusetts.

Formulas, Special Formulas, and Adult Nutritionals

FORMULAS AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM 6/85

NAME	MANUFACTURER	COMPOSITION				INDICATIONS & COMMENTS
		Protein	Carbohydrate	Fat	Kcal/oz.	
REGULAR MILK-BASED						1. Normal infant feedings 2. Sick infants without nutritional problems 3. Supplement to breastfeeding 4. Products which read 'with iron' contain 12 mg. iron/liter 5. Products with demineralized whey have a whey:casein ratio of 60:40, ie, similar to breastmilk 6. SMA and PM 60/40 have reduced levels of sodium and potassium -useful for infants with reduced cardiovascular function 7. Ca:P ratio of PM 60/40 makes it preferred formula for infants with impaired renal function
Enfamil with Iron	Mead Johnson	Nonfat milk Demin. whey	Lactose	Soy & Coco. oil	20	
Enfamil	Mead Johnson	Nonfat milk Demin. whey	Lactose	Soy & Coco. oil	20	
SMA (with Iron)	Wyeth	Nonfat milk Demin. whey	Lactose	Soy, Coco. & Saff.oil, Oleo	20	
SMA Lo Iron	Wyeth	Nonfat milk Demin. whey	Lactose	Soy, Coco. & Saff.oil, Oleo	20	
Similac Whey (with Iron)	Ross	Nonfat milk Demin. whey	Lactose	Soy & Coco. oil	20	
Similac with Iron	Ross	Nonfat milk	Lactose	Soy & Coco. oil	20	
Similac	Ross	Nonfat milk	Lactose	Soy & Coco. oil	20	
PM 60/40	Ross	Demin. whey Ca & Na caseinate	Lactose	Coco.& Corn oil	20	
SOY-BASED						1. Milk intolerance 2. Lactase deficiency 3. Galactosemia 4. Sucrose-free products useful for infants with sucrose intolerance 5. Corn-free products useful for infants with corn intolerance 6. All soy-based formulas contain 12 mg. iron/liter
Isomil	Ross	Soy pro. isolate	Corn syrup Sucrose	Coco. & Soy oil	20	
Isomil SF	Ross	Soy pro. isolate	Corn syrup	Coco. & Soy oil	20	
Nursoy	Wyeth	Soy pro. isolate	Sucrose	Oleo, Coco., Saff. & Soy oil	20	
Prosobee	Mead Johnson	Soy pro. isolate	Corn syrup	Coco. & Soy oil	20	
Soyalac	Loma Linda	Soybean solids	Corn syrup Sucrose	Soy oil	20	
I-Soyalac	Loma Linda	Soy pro. isolate	Sucrose Tap. dextrins	Soy oil	20	

NAME	SIZES	AMOUNT RECONSTITUTED	PRICE Can	PRICE Recon. Ounce	MASSACHUSETTS WIC PROGRAM CANS/MONTH	RECON. OZ./MO.	COST/MONTH	APPROVAL NEEDED
Enfamil with Iron Enfamil	13 oz. concentrate	26 oz.	$1.24	$0.05	31	806 oz.	$38.44	With Iron: STD Without Iron: MD
SMA (with Iron) SMA Lo Iron	32 oz. ready to feed	32 oz.	1.92	0.06	25	800 oz.	48.00	With Iron: CPA Without Iron: MD/CPA
Similac Whey (with Iron)	1 lb. powder	116 oz. or 3.6 qt.	4.88	0.04	8	928 oz.	39.04	With Iron: STD Without Iron: MD
Similac with Iron Similac	13 oz. concentrate 32 oz. ready to feed 1 lb. powder	Same as formulas listed above						
	4/1.06 oz. powder	32 oz.	1.82	0.06	3	96 oz.	5.46	With Iron: STD Without Iron: MD
PM 60/40	1 lb. powder	Same as 1 lb. powder above						
Isomil	13 oz. concentrate	26 oz.	$1.23	$0.05	31	806 oz.	$38.13	STD
	32 oz. ready to feed	32 oz.	1.90	0.06	25	800 oz.	47.50	CPA
	4/1.06 oz. powder	32 oz.	1.82	0.06	3	96 oz.	5.46	STD
	14 oz. powder	102 oz. or 3.2 qt.	4.21	0.04	8	816 oz.	33.68	STD
Isomil SF Nursoy	13 oz. concentrate 32 oz. ready to feed	Same as Isomil						
Prosobee	13 oz. concentrate 32 oz. ready to feed 14 oz. powder	Same as Isomil						
Soyalac I-Soyalac	13 oz. concentrate 32 oz. ready to feed	Same as Isomil						
	14 oz. powder	102 oz. or 3.2 qt.	4.19	0.04	8	928 oz.	33.52	STD

NAME	MANUFACTURER	COMPOSITION Protein	Carbohydrate	Fat	Kcal/oz.	INDICATIONS AND COMMENTS
SPECIAL PRO/CHO/FAT INTOLERANCE						
Nutramigen	Mead Johnson	Hydrol. casein	Sucrose Mod. tap. starch	Corn oil	20	1. Intact protein intolerance 2. Lactase deficiency 3. Galactosemia 4. Recovery stage after mild/moderate diarrhea
Pregestimil	Mead Johnson	Hydrol. casein L-cystine L-tyro. L-tryp.	Corn syrup Mod. tap. starch	Corn oil -60% MCT-40%	20	1. Intact protein intolerance with sensitivity to hyperosmolar solutions. Less palatable than Nutramigen. 2. Disaccharidase deficiency 3. Malabsorption: short gut syndrome; cystic fibrosis; celiac disease 4. Interim formula during transition from hyperalimentation to normal oral intake 5. Recovery stage after prolonged diarrhea
Portagen	Mead Johnson	Na caseinate	Corn syrup Sucrose	MCT-86% Corn oil -11% Soy lecithin 3%	20	Fat malabsorption: pancreatic insufficiency; bile acid deficiency; intestinal resection; lymphatic anomalies
Product 3232A	Mead Johnson	Hydrol. casein	Mod. tap. starch	MCT Corn oil	20 if 59 gm. CHO is added/qt.	1. Carbohydrate intolerance: congenital glucose-galactose malabsorption 2. Recovery stage after severe gastroenteritis or intractible, chronic diarrhea 3. Carbohydrate must be added
RCF	Ross	Soy pro. isolate	—	Coco. & Soy oil	20 if 52 gm. CHO is added/qt.	

NAME	SIZES	AMOUNT RECONSTITUTED	PRICE		MASSACHUSETTS WIC PROGRAM			
			Can	Recon. Ounce	CANS/ MONTH	RECON. OZ./MO.	COST/MONTH	APPROVAL NEEDED
Nutramigen	1 lb. powder	105 oz. or 3.3 qt. (139 gm. + 29 oz. H_2O= 32 oz. formula)	$8.38	$.08	8	840 oz.	$67.20	MD
Pregestimil	1 lb. powder	103 oz. or 3.2 qt. (141 gm. + 29 oz. H_2O= 32 oz. formula)	9.33	.09	8	824 oz.	74.16	MD
Portagen	1 lb. powder	105 oz. or 3.3 qt. (138 gm. + 29 oz. H_2O= 32 oz. formula)	8.11	.08	8	840 oz.	67.20	MD
Product 3232A	1 lb. powder	174 oz. or 5.4 qt. (83.5 gm. + 59 gm. CHO + H_2O= 32 oz. formula)	25.63	.15	4	696 oz.	102.52	MD
RCF	13 oz. concentrate	26 oz. (13 oz. + 52 gm. CHO + 12 oz. H_2O= 26 oz. formula)	1.14	.05	31	806 oz.	35.34	MD

NAME	MANUFACTURER	COMPOSITION Protein	Carbohydrate	Fat	Kcal/oz.	INDICATIONS AND COMMENTS
SPECIAL INBORN ERRORS OF METABOLISM						
Lofenalac	Mead Johnson	Hydrol. casein - most phenyl. removed L-tyro. L-tryp. L-hist. L-meth.	Corn syrup Mod. tap. starch	Corn oil	20	1. Phenylketonuria, during infancy 2. Average intake: 4 mos.-3 cans/month 12 mos.-5 cans/month 24 mos.-6 cans/month
Phenyl-Free	Mead Johnson	Amino acids No phenyl.	Sucrose Corn syrup solids Mod. tap. starch	Corn oil	25	1. Phenylketonuria, after infancy 2. Phenylalinine must be added from other sources 3. Average intake: Children - same as Lofenalac Pregnant women - 9-10 cans/month
PKU-1	Milupa	L-amino acids No phenyl.	Sucrose (Min. amt. used in processing)	———	20 when mixed with recom. amts. of CHO & FAT	1. Phenylketonuria, during infancy 2. Not a complete food; fat and carbohydrate must be added, per instructions in company handbook 3. Average intake: 3 cans/month
PKU-2	Milupa	L-amino acids No phenyl.	Sucrose (Min. amt. used in processing)	———	2.95/gm.	1. Phenylketonuria, after infancy 2. Not a complete food; fat and carbohydrate must be added. Powder is added to various beverages, per instructions in company handbook 3. Average intake: 3 cans/month
MSUD Diet Powder	Mead Johnson	Amino acids No br.-chain a.a. (leu., isoleu., val.)	Corn syrup solids Mod. tap. starch	Corn oil	20	1. Maple syrup urine disease, during infancy and childhood 2. Diet must be supplemented with milk and other foods once plasma levels of amino acids reach normal levels 3. Average intake: Double that of Lofenalac

NAME	SIZES	AMOUNT RECONSTITUTED	PRICE		MASSACHUSETTS WIC PROGRAM			
			Can	Recon. Ounce	CANS/ MONTH	RECON. OZ./MO.	COST/MO.	APPROVAL NEEDED
Lofenalac	2.5 lb. powder	261 oz. or 8.2 qt. (139 gm. + 29 oz. H_2O= 32 oz. formula)	$25.78	$.10	3	783 oz.	$78.30	MD
Phenyl-Free	2.5 lb. powder	184 oz. or 5.8 qt. (197 gm. + 27 oz. H_2O= 32 oz. formula)	34.66	0.19	4	736 oz.	139.84	MD
PKU-1	1.1 lb. powder	416 oz. or 13 qt. (30 gm. + CHO+PRO+H_2O= 750 ml. formula)	31.10	0.07	2	832 oz.	62.20	MD
PKU-2	1.1 lb. powder	Powder is mixed with various beverages	41.30	———	2	———	82.30	MD
MSUD Diet Powder	2.5 lb. powder	268 oz. or 8.4 qt. (135.3 gm. + 29oz. H_2O = 32 oz. formula)	26.13	0.09	3	804 oz.	78.39	MD

NAME	MANUFACTURER	COMPOSITION Protein	Carbohydrate	Fat	Kcal/ oz.	INDICATIONS AND COMMENTS
ADULT NUTRITIONALS						1. Oral or tube feeding for persons with difficulty meeting their nutritional requirements through normal diets 2. Generous protein, moderate carbohydrate, low fat 3. Powder must be added to milk 4. Usually used as a supplement 5. 2 qt. provide 2000 kcal and 100% RDA for adults
ustacal	Mead Johnson	Ca caseinate Soy pro. isolate	Sucrose Corn syrup	Soy oil	30*	
socal	Mead Johnson	Ca & Na caseinate Soy pro. isolate	Maltodextrin "	Soy oil MCT	32*	1. Tube feeding without common side effects 2. Oral feeding for patients making transition from tube to normal feeding or who need variety on full liquid diet 3. Usually used as a complete diet 4. 2 qt. provide 2000 kcal and 100% RDA for adults
ustagen	Mead Johnson	Nonfat milk Whole milk	Corn Syrup Lactose Sucrose	Whole milk	54*	1. Patients with poor appetite, increased nutrient needs, and/or difficulty eating solids 2. High calorie, high protein formula 3. Usually used in hospital only 4. 1 qt. provides 1750 kcal and 100% RDA for adults
nsure	Ross	Na & Ca caseinate Soy pro. isolate	Corn syrup Sucrose	Corn oil	32*	1. Full diet, liquid supplement, or tube feeding when normal intake is not possible 2. 2 qt. provide 2000 kcal and 100% RDA for adults
Osmolite	Ross	Na & Ca caseinate Soy pro. isolate	Glucose polymers	MCT Corn oil Soy oil	32*	1. Complete nutrition; isotonic for patients who are sensitive to hyperosmotic feedings 2. 2 qt. provide 2000 kcal and 100% RDA for adults

*Caloric content can be increased or decreased by making formula more or less concentrated than standard recommendations.

NAME	SIZES	AMOUNT RECONSTITUTED	PRICE		MASSACHUSETTS WIC PROGRAM			
			Can	Ounce	CANS/ MONTH	RECON. OZ./MO.	COST/ MONTH	APPROVAL NEEDED
Sustacal	32 oz. ready to feed	32 oz.	$2.54	$0.08	25	800 oz.	$63.50	MD
	3.8 lb. powder	384 oz. or 12 qt. (1 can + 11 qt. H_2O = 12 qt. formula)	17.85	0.05	2	768 oz.	35.70	MD
	4/1.9 oz. powder	48 oz. (1 packet + 11 oz. H_2O = 12 oz. formula)	2.64	0.05	16	768 oz.	42.24	MD
Isocal	32 oz. ready to feed	32 oz.	2.77	0.09	25	800 oz.	69.25	MD
Sustagen	1 lb. powder	32 oz. (1 can + 24 oz. H_2O = 32 oz. formula)	6.30	0.19	25	800 oz.	157.50	MD
	5 lb. powder	160 oz. or 5 qt.	26.25	0.16	5	800 oz.	131.25	MD
Ensure	32 oz. ready to feed	32 oz.	2.77	0.09	25	800 oz.	69.25	MD
	14 oz. powder	58 oz. or 1.8 qt. (222 gm. + 26 oz. H_2O = 32 oz. formula)	4.54	0.08	13	754 oz.	59.02	MD
Osmolite	32 oz. ready to feed	32 oz.	3.00	0.09	25	800 oz.	75.00	MD

FORMULAS NOT AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM

Formula	Manufacturer	Reason formula is unavailable
Isomil 20	Ross	Hospital use only
Isomil SF 20	Ross	Hospital use only
Similac 13	Ross	Hospital use only
Similac with Iron 13	Ross	Hospital use only
Similac 20	Ross	Hospital use only
Similac 24 LBW	Ross	Hospital use only
Similac with Iron 24	Ross	Hospital use only
Similac 27	Ross	Hospital use only
Special Care	Ross	Hospital use only
Enfamil Premature	Mead Johnson	Hospital use only
Enfamil 20	Mead Johnson	Hospital use only
Product 3200 AB	Mead Johnson	Hospital use only
Product 3200 K	Mead Johnson	Hospital use only
SMA 13 cals/oz.	Wyeth	Hospital use only
SMA 20 cals/oz.	Wyeth	Hospital use only
SMA 24 cals/oz.	Wyeth	Hospital use only
SMA 27 cals/oz.	Wyeth	Hospital use only
Nursoy 20 cals/oz.	Wyeth	Hospital use only
S-14	Wyeth	Hospital use only
S-24	Wyeth	Hospital use only
S-44	Wyeth	Hospital use only
Advance	Ross	Federal WIC Regulation
Vital High Nitrogen	Ross	Critical Care
Ensure HN	Ross	Critical Care
Ensure Plus	Ross	Critical Care
Ensure Plus HN	Ross	Critical care
Sustacal HC	Mead Johnson	Critical care
Isocal HCN	Mead Johnson	Critical care
Criticare HN	Mead Johnson	Critical care
Osmolite HN	Ross	Critical Care
Polycose	Ross	Diet Modifier
Glucose 5%	Wyeth	Diet Modifier
Glucose 10%	Wyeth	Diet Modifier
Casec	Mead Johnson	Diet Modifier
MCT Oil	Mead Johnson	Diet Modifier
Moducal	Mead Johnson	Diet Modifier
Lonalac	Mead Johnson	Diet Modifier
[illegible]	[illegible]	Oral Electrolyte Solution
[illegible]	[illegible]	Oral Electrolyte Solution
[illegible]	[illegible]	Oral Electrolyte Solution

ABBREVIATIONS USED IN CHARTS

a.a.	amino acids
amt.	amount
CHO	carbohydrate
coco.	coconut
demin.	demineralized
hist.	histidine
hydrol.	hydrolysed
isoleu.	isoleucine
leu.	leucine
meth.	methionine
mod.	modified
phenyl.	phenylalinine
polysacch.	polysaccharides
pro., PRO	protein
recon.	reconstituted
saff.	safflower
tap.	tapioca
tryp.	tryptophan
tyro.	tyrosine
val.	valine

COMPUTER-GENERATED (REGULAR) VOUCHERS

COMPUTER-GENERATED VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM. THEY ARE PRINTED WITH THE PARTICIPANT'S ID NUMBER, PARTICIPANT'S NAME, THE PROGRAM LOCATION CODE AND SITE NUMBER, DATE OF ISSUE, SERIAL NUMBER, AND FOOD MESSAGE.

Once a month the WIC computer system produces preprinted vouchers for all participants listed as active in the Participant Masterfile. These vouchers are shipped to the local WIC Programs on about the 24th or 25th of the month for distribution to participants during the following month. The computer-generated vouchers are accompanied by a Voucher Transmittal Record for Regular Issue (Computer-Generated) Vouchers and by a Voucher Register.

RECEIVING COMPUTER-GENERATED VOUCHERS

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR THE COMPUTER-GENERATED VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE LOCAL AGENCY.

THE LOCAL WIC PROGRAM MUST CALL THE STATE WIC OFFICE AS SOON AS THEY RECEIVE THEIR VOUCHERS AND REPORTS, THEN CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

VOUCHER TRANSMITTAL RECORD
FOR REGULAR ISSUE (COMPUTER-GENERATED) VOUCHERS

THE VOUCHER TRANSMITTAL RECORD LISTS THE BEGINNING AND ENDING SERIAL NUMBERS OF ALL COMPUTER-GENERATED VOUCHERS INCLUDED IN A SHIPMENT. VOUCHER NUMBERS SHOULD BE CHECKED BY THE LOCAL AGENCY UPON RECEIPT OF THE VOUCHERS AND ANY DISCREPANCIES SHOULD BE REPORTED TO THE STATE OFFICE IMMEDIATELY.

THE VOUCHER TRANSMITTAL RECORD ALSO LISTS ALL MANAGEMENT REPORTS SENT WITH THE VOUCHERS.

THE VOUCHER TRANSMITTAL RECORDS MUST BE RETAINED FOR THREE AND A HALF FISCAL YEARS.

TRANSMITTAL RECORD FOR COMPUTER-GENERATED VOUCHERS

REPORT NO. WIC038-VTR VOUCHER TRANSMITTAL RECORD

STATE OF MASSACHUSETTS B.S.O. - WIC SERVICES

DATE- 03/21/84 AUTH. BY-

PROGRAM 002 UPHAMS CORNER / SOUTH BOSTON WIC

REGULAR ISSUE VOUCHERS

6446366 TO 6461799

VOIDED VOUCHERS

REPORTS	SHIPPED	RECEIVED -CHECK-
EDIT		
UPDATE		
UPDATE REJECTS		
VOUCHER REGISTER		
ROUTE REPORT		
ID LISTING		
PARTICIPANT REPORT		
VENDOR REPORT		

RETAIN COPIES-- FOR YOUR RECORDS.

VOUCHER REGISTER

THE VOUCHER REGISTER IS A COMPLETE RECORD OF THE COMPUTER-GENERATED, PRE-PRINTED VOUCHERS CREATED FOR EACH OF YOUR PARTICIPANTS.

THE PARTICIPANT OR THE PROXY MUST SIGN THE VOUCHER REGISTER IN THE SPACE PROVIDED WHEN S/HE PICKS UP THE VOUCHERS.

THE WIC STAFF PERSON DISTRIBUTING THE VOUCHERS MUST INITIAL AND DATE THE VOUCHER REGISTER BESIDE THE PARTICIPANT'S SIGNATURE.

THE DISPOSITION OF UNDISTRIBUTED VOUCHERS MUST BE INDICATED ON THE VOUCHER REGISTER BY A NOTATION OF "VOID", STAFF INITIALS AND THE DATE.

THE NOTATION "RCVD", THE DATE RECEIVED AND WIC STAFF INITIALS SHOULD BE WRITTEN TO THE LEFT OR RIGHT OF THE SIGNATURE LINE IF THE PARTICIPANT OR PROXY PICKED UP THE VOUCHERS AND WAS NOT REQUIRED TO SIGN THE VOUCHER REGISTER, AND YOU ARE NOT YET ABLE TO GET A SIGNATURE. THE SIGNATURE LINE SHOULD ONLY CONTAIN A SIGNATURE OR A "VOID" WITH STAFF INITIALS AND DATE.

SIGNED VOUCHER REGISTERS MUST BE RETAINED BY THE LOCAL PROGRAMS FOR THREE AND A HALF FISCAL YEARS.

USING THE FLAGS FOR PROBLEM AREAS

The computer flags six situations of special concern, and prints an asterisk and code to the left of the participant's identification number to flag the problem. These computer warnings are for the convenience of the local program. The codes are:

*1 - Infant will be one year old next month; food package will change.

*2 - Recertification due; schedule appointment (due last month, current month, or next month).

*3 - Recertification overdue; schedule appointment (due 2 months ago).

*4 - Categorical ineligibility; will be terminated next month. Participant's last month of vouchers.

*5 - Pregnant woman is now 2 months past Expected Delivery Date; will be terminated next month.

*6 - Participant still overdue for recertification; will be terminated next month (due 3 months ago).

REPORT NO. WIC038-VR

WIC PROGRAM VOUCHER REGISTER
FEBRUARY 1983

BERKSHIRE WIC
SITE 01
VOUCHER NUMBERS ISSUED

	RECIPIENT NUMBER	NAME		PKG						TOTAL	SIGNATURE
*2	51390011 VAL[redacted]	KYLE		25	5920527	5920528				2/13/83 JL	Donna V[redacted]
*2	51390003 VAR[redacted]	DONNA		08	5920529	5920530	5920531	5920532	5920533	2/13/83 JL	Donna V[redacted]
	43160001 VA[redacted]	MANDY		04	5920534	5920535	5920536	5920537	5920538	2/14/83 JL	Donna V[redacted]
*2	47870001 VAL[redacted]	NICHOLAS	C	04	5920539	5920540	5920541	5920542	5920543	2/15/83 JL	Carole V[redacted]
	52410015 VAL[redacted]	RONALD		04	5920544	5920545	5920546	5920547	5920548	RCVD 2/9/83 PT	
	52370012 VAL[redacted]	JEFFREY		15	5920549	5920550	5920551	5920552		2/15/83 JL	Mary B[redacted]
	50450006 VAL[redacted]	RICHARD		04	5920553	5920554	5920555	5920556	5920557	2/1/83 JL	Faye V[redacted]
*2	48150007 VAL[redacted]	MICHAEL		04	5920558	5920559	5920560	5920561	5920562	2/24/83 JL	Chris V[redacted]
	50790005 WAL[redacted]	MARK		04	5920563	5920564	5920565	5920566	5920567	2/24/83 JL	Ellen W[redacted]
*2	45270006 WAL[redacted]	TONYA		04	5920568	5920569	5920570	5920571	5920572	3/2/83 PT	Nicholas E. W[redacted]
*2	52620010 WEE[redacted]	REBECCA		16	5920573	5920574	5920575	5920576	5920577	2/24/83 JL	Mary E. W[redacted]
*1	48780019 WEH[redacted]	EDWARD		16	5920578	5920579	5920580	5920581	5920582	5	VOID PT 2/28/83

*1 - INFANT WILL BE ONE YEAR OLD NEXT MONTH-CHANGE FOOD PACKAGE
*2 - RECERTIFICATION DUE-SCHEDULE APPOINTMENT
*3 - RECERTIFICATION OVERDUE-SCHEDULE APPOINTMENT
*4 - PARTICIPANTS LAST MONTH OF VOUCHERS. WILL BE TERMINATED NEXT MONTH-CATEGORICAL INELIGIBILITY
*5 - PREGNANT WOMAN IS NOW 2 MONTHS PAST EDC, WILL BE TERMINATED NEXT MONTH
*6 - PARTICIPANT STILL OVERDUE FOR RECERTIFICATION-WILL BE TERMINATED NEXT MONTH

VOUCHER REGISTER

PART V: FOOD DELIVERY
SECTION: A, 2b(3)
PAGE: 2
DATE: 8/85

DISTRIBUTING COMPUTER-GENERATED VOUCHERS

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE COMPUTER-GENERATED VOUCHERS.

The person who distributes vouchers to a WIC participant must not be the person who also certified her/him. Your program must establish procedures to separate certification and distribution duties under all normal circumstances.

Be sure the right person gets the WIC vouchers; you must ask to see an ID. When a proxy collects vouchers, you must have an authorization note signed by the participant.

Make sure every person receiving vouchers signs the voucher register, which serves as a receipt. Then the WIC staff person should immediately write her/his initials and the date next to the participant's signature.

For more information, see COMPUTER GENERATED VOUCHER ISSUANCE in Part IV, Section A.5c of the Procedure Manual.

UNDISTRIBUTED VOUCHERS

AN UNDISTRIBUTED VOUCHER IS A COMPUTER-GENERATED VOUCHER THAT WILL NOT BE ISSUED TO A PARTICIPANT.

YOU MUST VOID ALL UNDISTRIBUTED VOUCHERS AND RETURN THEM TO THE STATE WIC OFFICE AS SOON AS YOU KNOW THE VOUCHERS WILL NOT BE DISTRIBUTED, OR, AT THE LATEST, AS SOON AS THE VOUCHERS HAVE EXPIRED. DO NOT INCLUDE ANY MANUAL VOUCHERS.

MAIL UNDISTRIBUTED VOUCHERS TO THE STATE WIC OFFICE AT LEAST ONCE A WEEK.

There are a number of reasons for undistributed vouchers, such as:

- A participant failed to pick up vouchers.
- A participant was terminated from WIC after input cutoff day or input for termination had an error.
- A participant's food package was changed after input cutoff day or input for change had an error.
- You have held back a participant's vouchers because s/he was overdue for recertification.
- The vouchers were the incorrect package.
- The vouchers were returned unused by the participant.
- The participant notified you that she won't be picking up vouchers.
- The vouchers were damaged.

The procedures for returning undistributed vouchers are:

1. Write in ink or stamp "VOID" on the face of each voucher.
2. Record all voided vouchers on the Voucher Register by writing or stamping "VOID" on the line where the participant would sign for receipt of vouchers, and initial and date each VOIDED line in the Voucher Register.

3. Remove all paper clips or staples from the vouchers.

4. Rubber band the vouchers into neat stacks, all vouchers facing the same direction. DO NOT STAPLE VOUCHERS TOGETHER.

5. Do not include any manual vouchers (even if input was submitted).

6. Use postage-paid mailers to return undistributed vouchers to the State WIC Office. Do not overstuff the envelopes; use two or more envelopes if needed. Seal them securely.

Information on the returned vouchers will then become part of the monthly computer reconciliation of all vouchers; that is, they will be checked against the voucher masterfile.

NOTE: If at any time you should find that some vouchers have not been sent in promptly, send them banded separately with a note explaining the problem. If undistributed vouchers are returned late, participation statistics become inflated and inaccurate.

MANUAL VOUCHERS

MANUAL VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM. THESE VOUCHERS ARE NOT PRINTED WITH A PARTICIPANT'S NAME, IDENTIFICATION NUMBER OR DATE OF ISSUE; THIS INFORMATION MUST BE WRITTEN ON THE VOUCHERS BY THE LOCAL WIC PROGRAM STAFF.

Once a month the WIC computer system produces manual vouchers, in package format, for each local WIC program which orders them. The manual vouchers are delivered to the local WIC program with the computer-generated vouchers on about the 24th or 25th of the month. These vouchers are accompanied by a Voucher Transmittal Record, Manual Voucher Input Forms, and a Manual Voucher Inventory Log.

Reasons for using manual vouchers include the following:

1. No computer-generated vouchers

   - inital certification
   - 2nd set of vouchers for participant certified too late for input cutoff day
   - errors on Type 1 participant input
   - input not sent
   - input not arriving at State WIC Office by cutoff
   - eligible participant terminated after 2 months on "recert overdue" list because input with recertification date not accepted or not sent
   - transfers

2. Package changes

3. Mistakes on manual vouchers

4. Replacement of lost, stolen, or damaged vouchers

ORDERING MANUAL VOUCHER PACKAGES

MANUAL VOUCHER PACKAGES CAN BE ORDERED ONCE A MONTH. ORDERS MAY BE MAILED OR PHONED IN AND MUST BE RECEIVED IN THE STATE WIC OFFICE BY NOON ON THE 12TH OF THE MONTH.

Using the Manual Voucher Order Form, follow the procedures below to determine the maximum number of packages you can order, and to place your order.

1. On the order form, record the number of each package type in your inventory. (Include all site and travel box inventories.) You may physically count the packages in your inventories OR you may count the packages not yet "Released" according to your Manual Voucher Inventory Logs. (Include all site and travel box logs.) Count all packages not yet written up for a participant.

2. Total and record the number of packages in your inventory (A).

3. Multiply your assigned caseload by .4 (B).

4. Subtract (A) the total number of packages in inventory from (B) .4 times your assigned caseload. This difference (C) is the maximum number of packages you can order.

5. Record how many of each package type you want to order. You may order as few as 2. Order even numbers of packages only.

6. Total and record the number of packages you want to order. Be sure this total does not exceed the maximum number of packages you can order (#4 above). Excessive orders will not be filled.

7. Do not fill in the column labeled "Total vouchers".

8. Fill in Program Name, Program #, Date, and quantities of Food Delivery Supplies ordered.

9. Whether you mail or phone in your order, be sure to give all information outlined in heavy black on the order form.

10. Keep a copy of your order form for your records.

MANUAL VOUCHER ORDER FORM

MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER ORDER FORM

Program _____ Program # _____ Date _____ Called In by _____

FOOD PACKAGE	# PKGS. IN IN-VENTORY	PACKAGES ORDERED		TOTAL VOUCHERS (SA USE)
01			x4	
02			x4	
03			x5	
04			x5	
05			x4	
06			x5	
07			x4	
08			x5	
09			x5	
10			x5	
11			x4	
12			x5	
13			x5	
14			x4	
15			x4	
16			x5	
17			x4	
18			x5	
19			x2	
20			x3	
21			x1	
SUBTOTALS				

FOOD PACKAGE	# PKGS. IN IN-VENTORY	PACKAGES ORDERED		TOTAL VOUCHERS (SA USE)
22			x1	
23			x2	
24			x1	
25			x2	
26			x5	
84			x6	
85			x6	
86			x7	
87			x6	
88			x6	
89			x4	
90			x5	
91			x4	
92			x5	
93			x8	
94			x9	
95			x10	
96			x3	
97			x4	
98			x5	
99			x4	
TOTALS				

FOOD DELIVERY SUPPLIES	Amount Ordered
Participant Input Forms	
Participant Batch Headers	
Manual Voucher Input Forms	
Manual Batch Headers	
Postage-Paid Mailers	
Vendor Input Forms	
Other:	

SA ORDER REVIEW

Assigned Caseload: _____

x .4: _____

Total pkgs. on hand: _____

Maximum pkgs. to be ordered: _____

Total pkgs. ordered: _____

ok____ not ok____ SA Init. _____

Total vouchers _____

ORDERS MUST BE RECEIVED BY THE 12TH OF THE MONTH AND SUBMITTED TO LUCY COSTA. YOU MAY MAIL OR PHONE IN YOUR ORDER; IF PHONING GIVE ALL INFORMATION OUTLINED IN BLACK

MA WIC 4/85

RECEIVING MANUAL VOUCHERS

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR THE MANUAL VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE LOCAL AGENCY.

THE LOCAL WIC PROGRAM MUST CALL THE STATE WIC OFFICE AS SOON AS THEY RECEIVE THEIR VOUCHERS, THEN CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS

THE VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS LISTS THE BEGINNING AND ENDING SERIAL NUMBERS, BY PACKAGE, OF ALL MANUAL VOUCHERS INCLUDED IN A SHIPMENT. VOUCHER SERIAL NUMBERS SHOULD BE CHECKED BY THE LOCAL AGENCY UPON RECEIPT OF THE VOUCHERS AND ANY DISCREPANCIES SHOULD BE REPORTED TO THE STATE OFFICE IMMEDIATELY.

THE VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS MUST BE RETAINED FOR THREE AND A HALF FISCAL YEARS.

VOUCHER TRANSMITTAL RECORD

REPORT NO. WIC037E - EVT2

STATE OF MASSACHUSETTS
DATE - 02/15/85

B.S.O. - WIC SERVICES

PROGRAM 063 FRANKLIN COUNTY WIC

PACKAGE NUMBER 03

LEFT STARTING NUMBER 9612096 THRU LEFT ENDING NUMBER 9612110

RIGHT STARTING NUMBER 9712096 THRU RIGHT ENDING NUMBER 9712110

PACKAGE NUMBER 05

LEFT STARTING NUMBER 9612111 THRU LEFT ENDING NUMBER 9612150

RIGHT STARTING NUMBER 9712111 THRU RIGHT ENDING NUMBER 9712150

PACKAGE NUMBER 08

LEFT STARTING NUMBER 9612151 THRU LEFT ENDING NUMBER 9612200

RIGHT STARTING NUMBER 9712151 THRU RIGHT ENDING NUMBER 9712200

TRANSMITTAL RECORD FOR MANUAL VOUCHERS

MANUAL VOUCHER INVENTORY LOG

TRACK ALL MANUAL VOUCHERS USING THE MANUAL VOUCHER INVENTORY LOG. THE LOG WILL ALLOW YOU TO TRACE ANY VOUCHER AT ANY TIME.

The Manual Voucher Inventory Log is a computer-generated listing of all manual vouchers issued to a program each month, in serial number order, by food package. The purpose of the Manual Voucher Inventory Log is to record the history and location of each manual voucher and its input form, so that any voucher can be tracked at any time. Each line of the Manual Voucher Inventory Log corresponds to one package of manual vouchers and one input form. For each food package listing, the Log lists 2 sets of serial numbers: first the "left" then the "right" side serial numbers, as they appear on the transmittal record for manual vouchers (MV's).

Two copies of the MV Inventory Log will be sent to each program. One copy is to be used as the Main Inventory Log. It will be kept at the main office, and will record release of vouchers from the main inventory, distribution or voiding of vouchers, and the location of input form copies. The other copy is to be used as a Site Log, to be divided up and kept 1) at sites where vouchers are stored and 2) with travel boxes. The Site Log will record release of vouchers from site inventories or travel boxes.

Explained below are the 6 steps for using the Manual Voucher Inventory Log, MV packages and input forms:

1. Releasing MV's from inventory (main, site, or travel box)
2. Preparing MV's and inputs
3. Distributing or voiding MV's and inputs
4. Batching inputs
5. Completing Main Inventory Log to indicate disposition of vouchers and location of input copies
6. Checking for acceptance of input onto Voucher Masterfile

An Explanation of Terms is included at the end.

The Manual Voucher Inventory Log for each package must be retained 3 1/2 fiscal years after the last package was distributed or voided.

RELEASING MV'S FROM INVENTORY

1. Main Inventory Log: Whenever MV packages are taken from the main inventory, either for immediate use or for adding to inventory at another site or travel box, the person releasing the vouchers records under RELEASED FROM INVENTORY 1) her/his initials, 2) the date, and 3) the site or travel box where the vouchers are used or sent. (See Example A following.)

   When vouchers are sent to a site inventory or travel box, the corresponding pages of the Site Log should be sent with the vouchers. (You may need to make extra copies of some pages.)

   The blank line following RELEASED FROM INVENTORY is optional and may be used, at local program discretion, to record information for tracking vouchers or input forms. Possible data includes participant name or ID number, issue date, control numbers, etc.

2. Site Log: Whenever MV packages are taken from a site inventory or travel box, the person releasing them records her/his initials and the date under RELEASED FROM INVENTORY. The site at which vouchers are used is recorded once at the top of the page at SITE ____*. (See Example B.)

   The blank line on the Site Log is also for use at local program discretion.

PREPARING MV'S AND INPUTS

Use normal procedures to write up MV's and the corresponding inputs. (See Part V, Sections A.2c(5) and A.2c(6) for instructions on writing up manual vouchers and input forms.) Write VOID on any vouchers which will not be distributed, and VOID over the corresponding serial numbers on the input form. Attach the voided vouchers to the input form copy. (See Part V, Section A.2c(8) for instructions on voiding vouchers.)

DISTRIBUTING OR VOIDING MV'S AND INPUTS

Use normal procedures to distribute MV's. (Participant signs vouchers and input, staff stamps vouchers, then initials and dates input form.) See Part V, Section A.2c(7) for instructions on distributing manual vouchers.)

Use normal procedures to void an entire MV package. (Mark all vouchers VOID, write ALL VOID on input form and attach voided vouchers to input form, initial and date input form. (See Part V, Section 2.c(8) for instructions on voiding vouchers.)

BATCHING INPUTS

Batch and mail input forms following normal procedures. (See Part V, Sections A.2c(9a) and (9b) for instructions on batching and mailing input forms.) Use the date input is mailed for BATCH DATE on the batch header. This does not have to be the same as the distribution date recorded on the "BATCH DATE" line on the input form.

COMPLETING MAIN INVENTORY LOG TO INDICATE DISPOSITION OF VOUCHERS AND LOCATION OF INPUT COPIES

On a regular basis, daily or weekly, copy the batch date from input copies onto the corresponding line on the Main Inventory Log under DISTRIB/VOID DATE. Write "V" beside the date for fully-voided packages. For partially-voided packages, circle and write "V" above the voided serial numbers. (See Example C.)

Store the input copies, in serial number order, behind their corresponding Main Inventory Log sheets.

The INPUT LOCATION column will normally remain blank. If, however, you choose to store the input copies at sites with the Site Logs, record the number of the site where inputs are stored under INPUT LOCATION on the Main Inventory Log. Also record the date of distribution or voiding on the Main Inventory Log. In order to do this you will have to take the Main Inventory Log to the site where the copies are stored, record the DISTRIB/VOID DATE, then return the log to the main office.

An entry under DISTRIB/VOID DATE verifies that the input copy has been stored with the Main Inventory Log (or physically verified as stored with Site Log).

When all MV packages that were produced in a given month have been distributed or voided, their corresponding log sheets and input copies should be stored together by package and date produced.

CHECKING FOR ACCEPTANCE OF INPUT ONTO VOUCHER MASTERFILE (optional)

To check for acceptance of voucher input onto the Voucher Masterfile and to prevent cash errors*, match the Weekly Voucher Update Listing against input copies or the Main Inventory Log. See Part V, Section A.2c(11a), WIC MANUAL VOUCHER UPDATE LISTING for more information. Place a check under INPUT ACCEPTED beside each package whose serial numbers are listed on the Voucher Update Listing. (Correct and resubmit voucher inputs which don't appear on the Voucher Update Listing, if possible. Most of those not accepted will appear on the Voucher Edit or Reject Listing.) If you follow this procedure you may discard the Voucher Update Listings when you are finished with them. If you only correct edits and rejects and do not match the Voucher Update Listing against the Main Inventory Log, you must retain your Voucher Update Listings for 3½ fiscal years.

* Paid vouchers for which there is no issuance record on the Voucher Masterfile. See Part V, Section A.4a., CASH ERRORS.

NOTE: If you follow this procedure, you may wish to keep your input copies together as batched until you've compared them with the Voucher Update Listing, then file them with the corresponding log pages. (The Update Listings do not note food package numbers, and are not yet in serial number order. Therefore it may be easier to match the Update Listing against these batched input copies and then to record INPUT ACCEPTED, than to match the Update Listing directly against the Main Inventory Log.)

EXPLANATION OF TERMS FOR MANUAL VOUCHER INVENTORY LOG

Note: each program will receive two copies of each log. One will be kept as the "main log". If a program stores vouchers at sites, or in a travel box, the second copy will be kept at sites and in the travel box as the "site log".

Term	Explanation
PRODUCED __/__/__	Date vouchers and inventory log were produced
PAGE	Page number for log for this date (page numbers start at 1 for each month's log)
SITE	For "site log" only: site number where log is kept
RELEASED FROM INVENTORY	Three items to fill out on main log whenever vouchers leave main inventory (on a site log fill out first 2 items)
BY	Initials of person releasing vouchers
DATE	Date vouchers released from inventory
TO SITE	Site or travel box to which vouchers released (may be main site)
BLANK COLUMN	For local program use as desired, to track vouchers (possibilities: participant's name, issue date, control number, etc.)
DISTRIB/VOID DATE	Date on which vouchers were actually distributed to a participant or voided; copied from "batch date" line of input form. Important: this line verifies that the input form copy has been stored with the main log (or physically verified as stored with the site log)
INPUT LOCATION	If inputs are stored with site log instead of at main site, give site number
INPUT ACCEPTED	✓ when voucher serial numbers appear on update, then discard update. (Note: programs which opt not to use this column must retain updates.)
RETAIN...FOR FISCAL YEARS	Keep these documents for 3½ fiscal years after the YEAR in which this page of the log was fully completed

EXAMPLE A
MAIN INVENTORY LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 080 HAMPTON WIC

PRODUCED 04/13/85
PAGE 1

SITE ____*

PACKAGE 03

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	INPUT LOCATION	INPUT ACCEPTED
9843511 9843512 9843513 9843514	RS	5/3/85	02				
9843515 9843516 9843517 [illegible]	RS	5/3/85	02				
9843519 9843520 9843521 9843522	RS	5/3/85	02				
9843523 9843524 9843525 9843526	RS	5/3/85	02				
9843527 9843528 9843529 9843530	RS	5/3/85	01				
9843531 9843532 9843533 9843534	RS	5/4/85	01				
9843535 9843536 9843537 9843538	RS	5/9/85	TB				
9843539 9843540 9843541 9843542	RS	5/10/85	TB				
9843543 9843544 9843545 9843546							
9843547 9843548 9843549 9843550							
9843551 9843552 9843553 9843554							
9843555 9843556 9843557 9843558							

*FILL IN THESE ITEMS ON SITE LOGS. / RETAIN LOG AND INPUT FORMS FOR 3 1/2 FISCAL YEARS.

EXAMPLE A: MANUAL VOUCHER MAIN INVENTORY LOG

EXAMPLE B
SITE LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 080 HAMPTON WIC

PRODUCED 04/13/85
PAGE 1

SITE 02*

PACKAGE 05

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	INPUT LOCATION	INPUT ACCEPTED
9843511 9843512 9843513 9843514	VT	5/6/85	-----	----------	---------	-----	-----
9843515 9843516 9843517 9843518	VT	5/6/85	-----	----------	---------	-----	-----
9843519 9843520 9843521 9843522	VT	5/8/85	-----	----------	---------	-----	-----
9843523 9843524 9843525 9843526	-----	---------	-----	----------	---------	-----	-----
9843527 9843528 9843529 9843530	-----	---------	-----	----------	---------	-----	-----
9843531 9843532 9843533 9843534	-----	---------	-----	----------	---------	-----	-----
9843535 9843536 9843537 9843538	-----	---------	-----	----------	---------	-----	-----
9843539 9843540 9843541 9843542	-----	---------	-----	----------	---------	-----	-----
9843543 9843544 9843545 9843546	-----	---------	-----	----------	---------	-----	-----
9843547 9843548 9843549 9843550	-----	---------	-----	----------	---------	-----	-----
9843551 9843552 9843553 9843554	-----	---------	-----	----------	---------	-----	-----
9843555 9843556 9843557 9843558	-----	---------	-----	----------	---------	-----	-----

*FILL IN THESE ITEMS ON SITE LOGS. / RETAIN LOG AND INPUT FORMS FOR 3 1/2 FISCAL YEARS.

EXAMPLE B: MANUAL VOUCHER SITE LOG

EXAMPLE C
MAIN INVENTORY LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 080 HAMPTON WIC

PRODUCED 04/13/85
PAGE 1

SITE ____*

PACKAGE 08

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	INPUT LOCATION	INPUT ACCEPTED
9843511 9843512 9843513 9843514	LS	5/3/85	02		5/7/85	02	-----
9843515 9843516 9843517 V 9843518	LS	5/3/85	02		5/4/85	02	-----
9843519 9843520 9843521 9843522	LS	5/3/85	02		V 5/13/85	02	-----
9843523 9843524 9843525 9843526	LS	5/3/85	02		---------	-----	-----
9843527 9843528 9843529 9843530	LS	5/3/85	01		5/3/85	-----	-----
9843531 9843532 9843533 9843534	LS	5/4/85	01		5/6/85	-----	-----
9843535 9843536 9843537 9843538	LS	5/9/85	TB		5/14/85	-----	-----
9843539 9843540 9843541 9843542	LS	5/10/85	TB		---------	-----	-----
9843543 9843544 9843545 9843546	-----	---------	-----	----------	---------	-----	-----
9843547 9843548 9843549 9843550	-----	---------	-----	----------	---------	-----	-----
9843551 9843552 9843553 9843554	-----	---------	-----	----------	---------	-----	-----
9843555 9843556 9843557 9843558	-----	---------	-----	----------	---------	-----	-----

*FILL IN THESE ITEMS ON SITE LOGS. / RETAIN LOG AND INPUT FORMS FOR 3 1/2 FISCAL YEARS.

EXAMPLE C: MANUAL VOUCHER MAIN INVENTORY LOG

PREPARING MANUAL VOUCHERS

TO PREPARE A MANUAL VOUCHER FOR DISTRIBUTION YOU MUST FILL IN THE FOLLOWING:

- PARTICIPANT'S IDENTIFICATION NUMBER
- PARTICIPANT'S NAME
- YOUR LOCAL PROGRAM SITE NUMBER
- DATE OF ISSUE

YOU MUST ALSO RECORD YOUR INITIALS, THE DATE AND SITE ON THE MANUAL VOUCHER INVENTORY LOG AND FILL OUT A CORRESPONDING MANUAL VOUCHER INPUT FORM.

PREPARED MANUAL VOUCHER

1170902	Bernadella, Mary	00501	8896166	04/27/84	H
PARTICIPANT I.D. NO	NAME OF PARTICIPANT	LOCATION	VOUCHER NO	DATE OF ISSUE	

IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION

MASSACHUSETTS WIC PROGRAM
STATE STREET BANK AND TRUST COMPANY
BOSTON, MA 02101

8896166

25

5-2
110

SOUTH END WIC

ACTUAL WIC PURCHASE PRICE
$

PAY TO THE ORDER OF

1 GALLON OF FLUID MILK AND
1 POUND OF WIC CHEESE AND
100% FRUIT JUICE
1 HALF GAL OR 2 QTS FRESH
OR
2 (12OZ) OR 3 (6OZ) CANS FROZEN

UNAUTHORIZED VENDORS MAY NOT ACCEPT THIS VOUCHER

VENDOR: VOID FOR PURCHASE 30 DAYS AFTER DATE OF ISSUE. VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM DATE OF ISSUE. NOT VALID IN EXCESS OF $15.

I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM

THE CORRECT PRICE WAS WRITTEN IN MY PRESENCE

⑈9907797⑈ ⑆011000028⑆ 9307 844 2⑈

PREPARING MANUAL VOUCHER INPUT FORMS

MANUAL VOUCHER INPUT FORMS ARE USED TO ADD INFORMATION ABOUT A PARTICIPANT RECEIVING MANUAL VOUCHERS TO THE VOUCHER MASTERFILE. A MANUAL VOUCHER INPUT FORM MUST BE COMPLETED WHEN YOU ISSUE MANUAL VOUCHERS TO A PARTICIPANT. THIS INPUT FORM MUST BE SIGNED BY THE PARTICIPANT WHEN S/HE RECEIVES THE MANUAL VOUCHERS.

THE COMPLETED MANUAL VOUCHER INPUT FORM COPY MUST BE KEPT FOR 3 1/2 FISCAL YEARS.

The Manual Voucher Input Form is your link to the computer's Voucher Masterfile which contains issuance information for all participants who receive manual vouchers or who were issued computer-generated vouchers. Vouchers which have been cashed are compared with the Voucher Masterfile to check for issuance information. Those vouchers which were cashed but have no issuance record in the Voucher Masterfile are called CASH ERRORS. The local agency may be financially responsible for its cash errors. It is therefore VERY IMPORTANT that you fill out manual voucher input forms carefully and accurately, and that you submit them regularly.

INSTRUCTIONS FOR MANUAL VOUCHER INPUT FORMS

1. Print neatly with ball point pen in an ink color other than black. This makes the input form easier to read for the people who need to keypunch the information, and thus reduces keypunch errors.

2. Always fill in the information on the input form starting at the left-most position.

3. If a single digit is used to represent a month or day, it must be preceeded by a zero. (4/9/85 becomes 040985.)

4. Start the participant identification number in the left-most space or box and leave the 8th digit blank.

5. Start the participant names in the left-most spaces or boxes and leave unused positions blank. Use only the number of spaces allowed.

6. Always complete the top line ("header") on every input form. The computer will not accept records with incomplete headers.

7. Important: all manual voucher input forms are Transaction Type 1's which add information to the Voucher Masterfile. The information in the Voucher Masterfile cannot be changed once the computer accepts it.

8. All information fields on manual voucher input forms are critical fields. The computer will not accept the input unless all fields are completed.

There are two types of manual vouchers input forms:

1. White preprinted manual voucher input forms - These input forms are preprinted with the serial numbers of the vouchers in a corresponding manual voucher package.

2. Green replacement manual voucher input forms - These inputs are to be used if the appropriate white preprinted input form cannot be used.

WHITE PREPRINTED MANUAL VOUCHER INPUT FORMS

ALL FIELDS IN THE HEADER AND LINE 1 ARE CRITICAL AND MUST BE COMPLETED.

COMPLETED INPUT FORMS MUST BE KEPT 3 1/2 FISCAL YEARS.

FILLING IN THE HEADER

Location code. Enter the two-digit code that designates your specific site. See site codes in Part V, Section A.3a(4a).

Participant identification number. Enter the seven-digit identification number you have assigned to the participant. The computer assigns the eighth digit.

Batch date. Enter the date the participant actually received the vouchers (or the date they were voided), using six digits. Example: April 4, 1984 would be 04/04/84.

Staff initials. Immediately after this date, the staff person who distributed (or voided) the vouchers must write her/his initials as soon as the participant signs the input form.

Participant signature. The participant or proxy must sign here when s/he receives the vouchers. The input form thus becomes a receipt for the vouchers.

FILLING IN LINE 1

Participant's last and first name. Enter the participant's last and first names.

Issue date. Enter the six-digit number for month, day and year that represents the date the vouchers are first issued.

RETENTION OF MANUAL VOUCHER INPUT FORMS

Because manual voucher input forms are signed by the participant as an indication that s/he has received vouchers, they must be kept for 3½ fiscal years. They should be filed in serial number order with the Manual Voucher Inventory Log. See Part V, Section A.2c(4), MANUAL VOUCHER INVENTORY LOG.

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 08

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

EMERGENCY VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRAN TYPE	BATCH DATE	
F	305	01	1170902	1	042884RK	Mary Bernadella
1	2 4	5 6	7 14	15	16 21	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	BERNADELLA	MARY	042784
	22 23 37	38 51	53 58

LINE 2	24	8896165	25	8896166	25	8896167	26	8896168	27	8896169
	22	23 31	32	40	41	49	50	58	59	67

LINE 3										
	22	23 31	32	40	41	49	50	58	59	67

SAMPLE WHITE PREPRINTED MANUAL VOUCHER INPUT FORM
(Completed)

GREEN REPLACEMENT MANUAL VOUCHER INPUT FORMS

SUBMIT A GREEN EMERGENCY VOUCHER INPUT FORM IF FOR ANY REASON THE PRE-PRINTED WHITE FORM CANNOT BE USED.

ALL FIELDS IN THE HEADER AND LINE 1 (EXCEPT DESIGN. VENDOR) ARE CRITICAL AND MUST BE COMPLETED.

LINES 2 AND 3 ARE USED TO RECORD THE VOUCHER CODE AND SERIAL NUMBER OF EACH MANUAL VOUCHER ISSUED.

COMPLETED MANUAL VOUCHER INPUT FORMS MUST BE KEPT FOR 3 1/2 FISCAL YEARS.

In completing a green manual voucher input form, make sure that:

1. You record on each form only manual vouchers that have the same issue date.

2. You complete a separate green input form for each participant who receives manual vouchers on any given day.

3. You have submitted enough information on the input for the computer to accept the record.

FILLING IN THE HEADER. EVERY FIELD IN THE HEADER IS A CRITICAL FIELD. ALWAYS COMPLETE THE HEADER INFORMATION.

Program code. Enter the three digit number that designates your specific local WIC Program. See Part V, Section A.3a(4a) for program codes.

Location code. Enter the two-digit code that designates your specific site within the local program. See Part V, Section A.3a(4a) for site codes.

Participant identification number. Enter the seven-digit identification number that you have assigned the participant. The computer assigns the eighth digit.

Trans. type. The number 1 is pre-printed on the form.

Batch date. Enter the date the participant actually received the vouchers (or the date they were voided) by month, day and year using six digits. For example: June 9, 1985 is 06/09/85.

FILLING IN THE HEADER (cont.)

Staff initials. Immediately after this date, the staff person who distributed (or voided) the vouchers must write her/his initials as soon as the participant signs the input form.

Participant or proxy signature. The participant or proxy must sign here when s/he receives the manual vouchers. The input form thus becomes a receipt for the vouchers.

FILLING IN LINE 1

Participant's last name. Enter the last name of the participant. Critical field.

First name. Enter the participant's first name. Critical field.

Initial. Enter middle initial of participant's name. Optional field.

Voucher issue date. Enter the six-digit number by month, day and year that represents the date the vouchers are being issued. Critical field.

Designated vendor. This field is now obsolete. Leave blank.

** CHECK CRITICAL FIELDS FOR LINE 1: PARTICIPANT'S LAST AND FIRST NAME, VOUCHER ISSUE DATE.

FILLING IN LINES 2 AND 3

Voucher code. Enter the two-digit code indicating the type of voucher being issued. This code number is printed on the voucher. Critical field. See Part V, Sections A.2a(1) and (3) for voucher messages and food package tables.

Voucher serial number. Enter the seven-digit serial number that is printed on the voucher. Critical field.

Fill out the other blocks numbered 2 through 10 as necessary, depending on the number of manual vouchers that you are issuing.

** CHECK CRITICAL FIELDS FOR LINES 2 AND 3: THE VOUCHER CODE AND THE VOUCHER SERIAL NUMBERS MUST BE FILLED IN CORRECTLY.

Retention of Manual Voucher Input Forms

Because manual voucher input forms are signed by the participant as an indications that s/he has received the vouchers, they must be kept for three and a half years. They should be filed in serial number order with the Manual Voucher Inventory Log. See Part V, Section A.2c(4) for more information on the Manual Voucher Inventory Log.

SAMPLE GREEN REPLACEMENT MANUAL VOUCHER INPUT FORM
(Completed)

The Commonwealth of Massachusetts

Department of Public Health

EMERGENCY VOUCHER INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS TYPE	BATCH DATE (MM/DD/YY)
t	099	05	57103233	1	042284

PARTICIPANT OR PROXY SIGNATURE: Marta Sanchez

LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT	VOUCHER ISSUE DATE (MM/DD/YY)	DESIG VENDOR
1	SANCHEZ	MARTA		04/19/84	

	1.	2.	3.	4.	5.
LINE	2				
VOUCHER CODE	14	14	14	15	07
VOUCHER SERIAL NUMBER	8881323	8881323	9881324	8015421	8171663

	6.	7.	8.	9.	10.
LINE	3				
VOUCHER CODE					
VOUCHER SERIAL NUMBER					

EP524

COMBINING MANUAL VOUCHER PACKAGES

THERE ARE A FEW CASES IN WHICH YOU MAY ISSUE TWO MANUAL VOUCHER PACKAGES TO ONE PARTICIPANT AT THE SAME TIME. IN ORDER FOR BOTH INPUTS TO BE ACCEPTED ONTO THE VOUCHER MASTERFILE, FOLLOW THE PROCEDURES BELOW.

Two manual voucher packages may be used for one participant if necessary in order to issue a package which is out of stock (e.g. adding a Package 21 to a Package 15 to make a Package 16), or to issue additional vouchers to a new participant to enable her to "catch up" to another family member's pick-up day, or to issue more than 4 voucher 99's.

If the manual voucher input forms for both packages are submitted together, one input will not be accepted onto the Voucher Masterfile and will produce the error message "DUPLICATE LINE NUMBER * CARD REJECTED" on the voucher edit listing.

To maintain the accuracy and completeness of the Voucher Masterfile and to avoid "rejected" inputs, you must either:

1. Combine the input forms, or

2. Submit the inputs so that they reach the State WIC Office in different input cycles (an input cycle is Thursday through Wednesday).

Combining input forms is recommended, to ensure that input is received promptly. (See examples on following pages.) The procedure for combining two manual voucher input forms is:

1. Select one manual voucher input to submit to the State WIC Office (Input A). If possible, select the input for the package which contains the larger number of vouchers to be issued.

2. Copy the voucher type and serial numbers to be used from the input which won't be submitted (Input B) into the next blank spaces on the input (Line 2 or Line 3) which will be submitted (Input A). Void serial numbers which won't be used, if any, and attach the voided vouchers to the appropriate input form. (Input B.)

3. On the input which will not be submitted (Input B), write "prepared with" followed by the food package number and the first serial number from the input which will be submitted (Input A). Also write the date and your initials.

4. Complete the input to be submitted (Input A) as usual.

5. On the Inventory Log listing the package whose input will be submitted (Input A), record the package as released and distributed using normal procedures. File the copy of this input with its respective Inventory Log.

6. On the Inventory Log listing the package whose input will not be submitted (Input B), record the packages as released using normal procedures. Record the package as distributed using the date the package was combined as noted on the input (Input B). File the original and copy of their input with its respective Inventory Log.

TWO MANUAL VOUCHER PACKAGE 08'S COMBINED TO MAKE 1½ PACKAGE 08 FOR "CATCH-UP"
(INPUTS)

INPUT A - SUBMIT ORIGINAL

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 08

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

EMERGENCY VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRAN TYPE	BATCH DATE	
	080	01	1639210	1	050185 nl	Marilyn Jones
	1 2 4	5 6	7 14	15	16 21	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	JONES	MARILYN	050885
	22 23 37	38 51	53 58

LINE 2	24	8439102	25	8439103	25	8439104	26	8439105	27	8439106
	22 23	31	32	40	41	49	50	58	59	67

LINE 3	24	8439107	25	8439108	27	8439111				
	22 23	31	32	40	41	49	50	58	59	67

INPUT B - DO NOT SUBMIT - SAVE BOTH COPIES

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 08

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

EMERGENCY VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

Prepared with PKG 08, 8439102 nl 5/3/85

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRAN TYPE	BATCH DATE	
	080			1		
	1 2 4	5 6	7 14	15	16 21	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1			
	22 23 37	38 51	53 58

LINE 2	24	8439107	25	8439108	25	VOID	26	VOID	27	8439111
	22 23	31	32	40	41	49	50	58	59	67

LINE 3										
	22 23	31	32	40	41	49	50	58	59	67

TWO MANUAL VOUCHER PACKAGE 08'S COMBINED TO MAKE 1½ PACKAGE 08 FOR "CATCH-UP"
(Log)

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 080 HAMPTON WIC PROGRAM SITE ____*

PACKAGE 08

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB. VOID DATE	
8439102 8439103 8439104 8439105 8439106	nl	5/3/85	01	M. JONES	5/10/85	
8439107 8439108 8439109 8439110 8439111	nl	5/3/85	01		5/3/85	

V

*FILL IN THESE ITEMS ON SITE LOGS. / RETAIN LOG AND INPUT FORMS FOR 3 1/2 FISCAL YEARS.

MV LOG LISTING PACKAGES CORRESPONDING TO INPUT A AND INPUT B

INPUT A- SUBMIT ORIGINAL

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 15

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

EMERGENCY VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRAN TYPE	BATCH DATE	
	E 079	01	1237941	1	061885 nl	Ana Perez
	1 2 4	5 6	7 14	15	16 21	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	PEREZ	MARIA	061885
	22 23 37	38 51	53 58

LINE 2	14	8439156	14	8439157	14	8439158	15	8439159	07 8439188
	22 23	31	32	40	41	49	50	58	59 67

LINE 3									
	22 23	31	32	40	41	49	50	58	59 67

INPUT B- DO NOT SUBMIT- SAVE BOTH COPIES

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 21

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

EMERGENCY VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

Prepared with PKG 15, 8439156 nl 6/18/85

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRAN TYPE	BATCH DATE	
	E 079			1		
	1 2 4	5 6	7 14	15	16 21	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1			
	22 23 37	38 51	53 58

LINE 2	07	8439188							
	22 23	31	32	40	41	49	50	58	59 67

LINE 3									
	22 23	31	32	40	41	49	50	58	59 67

MANUAL VOUCHER PACKAGES 15 AND 21 COMBINED TO MAKE PACKAGE 16
(Log)

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 079 HAMPTON WIC PROGRAM

PRODUCED 04/13/85
PAGE 3

PACKAGE 15 SITE ____*

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	INPUT LOCATION	INPUT ACCEPTE
8439156 8439157 8439158 8439159	NL	6/18/85	01	M. PEREZ	6/18/85	-----	-----
8439160 8439161 8439162 8439163	-----	---------	-----	----------	---------	-----	-----

*FILL IN THESE ITEMS ON SITE LOGS. / RETAIN LOG AND INPUT FORMS FOR 3 1/2 FISCAL YEARS.

MV LOG LISTING PACKAGE CORRESPONDING TO INPUT A

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 079 HAMPTON WIC PROGRAM

PRODUCED 04/13/85
PAGE 3

PACKAGE 21 SITE ____*

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	INPUT LOCATION	INPUT ACCEPTE
8439188	NL	06/18/85	01	M. PEREZ	6/18/85	-----	-----
8439189	-----	---------	-----	----------	---------	-----	-----

*FILL IN THESE ITEMS ON SITE LOGS. / RETAIN LOG AND INPUT FORMS FOR 3 1/2 FISCAL YEARS.

MV LOG LISTING PACKAGE CORRESPONDING TO INPUT B

DISTRIBUTING MANUAL VOUCHERS

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE MANUAL VOUCHERS.

There are five main steps to follow related to distributing manual vouchers.

1. Record release of the vouchers from inventory on the manual voucher log.

2. Prepare the vouchers and input forms.

3. Distribute the vouchers to the participant.

   The person who distributes vouchers to a WIC participant must not be the person who also certified her/him. Your program must establish procedures to separate certification and distribution duties under all normal circumstances.

   Be sure the right person gets the WIC vouchers; you must ask to see an ID. When a proxy collects vouchers, you must have an authorization note signed by the participant.

   Make sure every person receiving vouchers signs the input form, which serves as a receipt. Then immediately write the date and your initials on the "Batch Date" line on the input form.

4. Batch and mail the input.

5. Record distribution of vouchers on the MV log.

For more information, see Part IV, Section A.5b, PREPARING AND DISTRIBUTING MANUAL VOUCHERS, and Part V, Section A.2c(4), MANUAL VOUCHER INVENTORY LOG.

VOIDING MANUAL VOUCHERS

YOU MUST VOID AND RETAIN MANUAL VOUCHERS THAT CANNOT BE USED.

VOIDED VOUCHERS AND RECORDS MUST BE RETAINED FOR 3 1/2 FISCAL YEARS.

Manual vouchers may have to be voided for the following reasons:

- an error is made when filling in the voucher
- vouchers are filled in for a specific participant but are not given to the participant (e.g. no show for voucher pick-up, wrong food package, etc.)
- a voucher gets torn or otherwise mutilated
- voucher(s) are returned by the participant

PROCEDURES FOR VOIDING MANUAL VOUCHERS

If you are voiding an entire package:

a. stamp or mark each voucher "VOID"

b. note the following on the preprinted input form for the package (See Example A following):

- "ALL VOID"
- the date the vouchers were voided under BATCH DATE
- initals of WIC staff who voided the vouchers

c. attach the voided vouchers to the voided input form (you will retain both copies of the input form)

d. on the Manual Voucher Inventory Log write "V" and the date under DISTRIB/VOID DATE (See Part V, Section A.2c(4), Example C)

e. file with distributed or voided input forms, in serial number order, with corresponding Manual Voucher Inventory Log page.

If you are voiding part of a package:

a. stamp or mark "VOID" on the vouchers to be voided

b. on the preprinted input form (See Example B following)

- write "VOID" across the serial numbers of the vouchers that were voided
- note at the bottom of the input form
    - o the date the vouchers were voided
    - o initials of the staff person who voided the vouchers

c. distribute the remaining vouchers using normal procedures (See Part V, Section A.2c(7) for instructions on distributing manual vouchers)

d. send one copy of the input form to the State WIC Office (standard procedure when issuing vouchers)

e. attach the voided vouchers to the local program's signed copy of the input form

f. on the Manual Voucher Inventory Log, circle and write "V" above the voided serial number(s) and write the date of distribution following normal procedures (See Part V, Section A.2c(4) for more information on the Manual Voucher Inventory Log)

g. file the signed copy with attached voided vouchers with other distributed or voided input forms, in serial number order, with corresponding Manual Voucher Inventory Log page.

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 05

EXAMPLE A

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

EMERGENCY VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

ALL VOID

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRAN TYPE	BATCH DATE	
E	080	02	2654322	1	051385 VT	----------
1	2 4	5 6	7 14	15	16 21	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	TRINH	XO	050985
	22 23 37	38 51	53 58

LINE 2	39	9843519	40	9843520	41	9843521	42	9843522	--	-------
	22	23 31	32	40	41	49	50	58	59	67

LINE 3	--	-------	--	-------	--	-------	--	-------	--	-------
	22	23 31	32	40	41	49	50	58	59	67

EXAMPLE A: VOIDING ENTIRE MV PACKAGE

SUBMITTING MANUAL VOUCHER INPUT

IN ORDER TO KEEP YOUR VOUCHER MASTERFILE UP TO DATE, SUBMIT BATCHED MANUAL VOUCHER INPUT TO THE STATE WIC OFFICE ON A REGULAR BASIS.

BATCHING MANUAL VOUCHER INPUT FORMS

TO SUBMIT INFORMATION TO THE VOUCHER MASTERFILE, YOU MUST GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE INPUT FORMS.

SEPARATE ALL OF YOUR MANUAL VOUCHER INPUT FORMS INTO BATCHES BY SITE, AND ATTACH A "BATCH HEADER" TO EACH BATCH.

CHECK YOUR INPUT FORMS, ESPECIALLY HEADERS AND BATCH HEADERS, FOR ACCURACY AND COMPLETENESS IN CRITICAL FIELDS.

MAIL ALL OF YOUR BATCHED INPUT AT LEAST TWICE A WEEK TO THE STATE WIC OFFICE USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

Group the original copies of the manual voucher input forms by site (location code). White and green copies may be batched together.

Fill out a "batch header" for each site's input forms.

1. Use a green manual (emergency) voucher input form batch header.

2. Fill in your program code and location code.

3. Fill in the number of input forms in the batch. Put the number in the far right boxes of BATCH NUMBER. Put zeroes in all the empty boxes to the left. Do not put more inputs together than you can staple securely.

4. Fill in the batch date. This will be the mailing date.

5. Place the batch header on top of the batch of original copies of input forms, and staple them all together once in the upper left-hand corner.

BATCH HEADER FOR MANUAL VOUCHER INPUT FORMS

The Commonwealth of Massachusetts

Department of Public Health

WIC
Special Supplemental Food Program For Women, Infants and Children

EMERGENCY VOUCHER INPUT FORM
BATCH HEADER

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	BATCH NUMBER	TRANS. TYPE	BATCH DATE (MM/YY/DD)
E	0 9 9	0 5	* 0 0 0 0 0 2 5	1	0 5 0 1 8 4
1	2 4	5 6	7 14	15	16 21

EP 870

MAILING GUIDELINES FOR MANUAL VOUCHER INPUT

SEND YOUR BATCHED INPUT FORMS TO THE STATE OFFICE REGULARLY AND FREQUENTLY, AT LEAST TWICE A WEEK, USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

IF YOU DON'T KNOW HOW LONG IT USUALLY TAKES THE POST OFFICE TO DELIVER YOUR INPUT TO THE STATE OFFICE, FIND OUT BY ASKING STATE STAFF TO CHECK THE STATE LOGBOOK.

TAKE MAILING TIME INTO ACCOUNT, AND ESTIMATE MAILING TIME GENEROUSLY.

It can take from several days to a week and a half for your manual voucher input to be processed by the WIC computer system.

Reports reflecting manual voucher input are produced weekly and are mailed to local programs on Monday (or Tuesday if Monday is a holiday.)

IF YOUR INPUT REACHES THE STATE OFFICE ON MONDAY, TUESDAY OR WEDNESDAY, YOU MAY EXPECT TO SEE IT ON THE REPORTS MAILED THE NEXT MONDAY.

IF YOUR INPUT REACHES THE STATE OFFICE ON THURSDAY OR FRIDAY, IT WILL APPEAR ON THE REPORTS MAILED A WEEK FROM THE FOLLOWING MONDAY.

MONTHLY INVENTORY CHECK

A PHYSICAL INVENTORY OF ALL MANUAL VOUCHERS ON HAND (ALL MANUAL VOUCHERS NOT DISTRIBUTED OR VOIDED) MUST BE MADE AND COMPARED WITH THE MANUAL VOUCHER INVENTORY LOG ONCE A MONTH.

Use the following procedure to carry out the Monthly Inventory Check.

1. Update the DISTRIB/VOID column on the Main Manual Voucher Inventory Log to make it as current as possible.

2. On the Monthly Inventory of Manual Vouchers form, record the serial numbers (in batches when possible) of all manual vouchers on hand. Include manual vouchers at all sites which are in inventory or which have been prepared for a participant but not yet distributed.

3. Compare the serial numbers listed on the Monthly Inventory of Manual Vouchers with those on the Main Voucher Inventory Log. The serial numbers recorded on the Monthly Inventory should be the same as the serial numbers of manual vouchers which have not been either distributed or voided as shown on the Main Inventory Log.

4. Investigate any discrepancies in which vouchers cannot be found and the vouchers have not been recorded as distributed or voided on the Main Inventory Log. You should be able to locate all vouchers which either

   a. have not been released on main and/or site logs, or

   b. have been released on the main log and site logs but not yet distributed or voided on the Main Inventory Log.

5. Record and explain any unresolved discrepancies on the back of the Monthly Inventory or an attached sheet.

6. The Program Director should verify, sign, and date the Monthly Inventory.

7. Store the Monthly Inventory of Manual Vouchers in the main office.

NOTE:
1. The person who makes the physical inventory of manual vouchers on hand should not be the same person who compares the Monthly Inventory to the Main Inventory Log.

2. Manual vouchers which are prepared in advance but not yet distributed are considered to be "on hand" and must be included in the physical monthly inventory. These prepared MV's will be easier to inventory if stored in one location rather than in participants' records. (Corresponding MV input forms can be stored in the participants' records as a reminder that MV's have been prepared.)

MONTHLY INVENTORY CHECK FORM

PROGRAM _____

SITE _____

MONTHLY INVENTORY OF MANUAL VOUCHERS

PKG #	SERIAL #'s OF PACKAGES ON HAND (all packages not distributed or voided)
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	

CONTINUED ON REVERSE SIDE

Vouchers inventoried by _____

Date _____

Inventory of manual voucher packages matches corresponding manual voucher package inventory log.

Program Director_____Date_____

Inventory does not match log. See explanation on back.

Program Director_____Date _____

MONTHLY INVENTORY CHECK FORM (CONT.)

PKG #	SERIAL #'s OF PACKAGES ON HAND (all packages not distributed or voided)
22	
23	
24	
25	
26	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	

USING WEEKLY MANUAL VOUCHER MANAGEMENT REPORTS

THE WEEKLY MANUAL (EMERGENCY) VOUCHER UPDATE, EDIT, AND REJECT LISTINGS SHOULD BE USED REGULARLY TO KEEP YOUR VOUCHER MASTERFILE AS UP-TO-DATE AS POSSIBLE.

THE WEEKLY MANUAL VOUCHER REPORTS REFLECT ALL MANUAL VOUCHER INPUT RECEIVED AT THE STATE WIC OFFICE BY NOON ON WEDNESDAY OF THE PREVIOUS WEEK.

The Voucher Masterfile must be kept up-to-date to avoid the occurrence of cash errors, manual vouchers which have been used and paid but which have no issuance record (participant name and ID number, date of issue, and voucher serial number) in the Voucher Masterfile. A local agency may be held financially responsible for its cash errors. See Part V, Section A.4a, CASH ERRORS.

Cash errors occur when manual vouchers are cashed and the corresponding manual voucher input doesn't get into the Voucher Masterfile. This can happen when

1. manual voucher input is never sent due to

    a) WIC staff omission
    b) manual vouchers being stolen and cashed

2. manual voucher input is sent, not accepted onto the Voucher Masterfile due to error, and never corrected.

These weekly reports are used to determine which manual voucher input was accepted onto the Voucher Masterfile. The following procedure is recommended to identify all manual voucher input which wasn't accepted onto the Voucher Masterfile so that the input can be corrected and resubmitted.

USING THE REPORTS

1. Retain signed manual voucher input copies in batches as mailed until you receive the appropriate weekly reports.

2. Compare these copies with the Manual Voucher Update Listing to determine which inputs were accepted.

3. Place a "✓" under INPUT ACCEPTED on the Manual Voucher Inventory Log for each manual voucher input which is listed on the Update. After checking on the MV Log all input which appears on the Update Listing, you may discard the Update Listing.

4. Compare the remaining input copies with the Edit and Reject Listings. Make corrections and resubmit inputs when possible.

5. Input copies which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code. (An incorrect program code cannot be corrected.)

NOTE: At this time, the Manual Voucher Update Listing is difficult to work with because the list of voucher serial numbers is not in serial number order. If, for this reason, you wish to use only the Edit and Reject Listings to make corrections, and not follow steps 2, 3 and 5 above, you must retain the Update Listings for 3½ fiscal years.

WIC MANUAL VOUCHER UPDATE LISTING

THE WIC MANUAL VOUCHER UPDATE LISTING LISTS EVERY MANUAL VOUCHER RECORD WHICH HAS BEEN ACCEPTED IN THE VOUCHER MASTERFILE.

The Manual Voucher Update Listing contains all the information accepted from manual voucher input forms. Each voucher serial number accepted is listed along with the voucher type, its date of issue, the program and location code, participant ID number and name, and date of distribution.

The listing is by site and usually in alphabetical order by participant last name. The State WIC Office plans to change the listing to voucher serial number order by program.

The Update Listing must be retained for 3½ fiscal years if you do not use it to check off accepted input on the Manual Voucher Inventory Log.

WIC EMERGENCY VOUCHER UPDATE
AS/OF 02/20/85

UPHAMS CORNER WIC LOC 01

	VOUCHER NO.	CODE	DATE ISSUED	PROG	LOC	RECIP ID	LAST NAME	FIRST NAME	INIT	HOUSEHOLD ID	DATE CODED
ADD	9579716	14	85-02-07	002	01	08242026	NGU[redacted]	MARTHA		08242026	85-02-08
ADD	9579717	14	85-02-07	002	01	08242026	NGU[redacted]	MARTHA		08242026	85-02-08
ADD	9579718	15	85-02-07	002	01	08242026	NGU[redacted]	MARTHA		08242026	85-02-08
ADD	9579589	24	85-01-31	002	01	03396041	NIC[redacted]	MARILYN		03396041	85-02-08
ADD	9579590	25	85-01-31	002	01	03396041	NIC[redacted]	MARILYN		03396041	85-02-08
ADD	9579591	25	85-01-31	002	01	03396041	NIC[redacted]	MARILYN		03396041	85-02-08
ADD	9579592	26	85-01-31	002	01	03396041	NIC[redacted]	MARILYN		03396041	85-02-08
ADD	9579593	27	85-01-31	002	01	03396041	NIC[redacted]	MARILYN		03396041	85-02-08
ADD	9417029	16	85-01-31	002	01	03396058	NIC[redacted]	FRANCESCA		03396058	85-02-08
ADD	9417030	16	85-01-31	002	01	03396058	NIC[redacted]	FRANCESCA		03396058	85-02-08
ADD	9417031	17	85-01-31	002	01	03396058	NIC[redacted]	FRANCESCA		03396058	85-02-08
ADD	9417032	17	85-01-31	002	01	03396058	NIC[redacted]	FRANCESCA		03396058	85-02-08
ADD	9417033	07	85-01-31	002	01	03396058	NIC[redacted]	FRANCESCA		03396058	85-02-08
ADD	9479589	24	85-01-31	002	01	09132010	NIC[redacted]	HAZEL		09132010	85-02-08
ADD	9479590	25	85-01-31	002	01	09132010	NIC[redacted]	HAZEL		09132010	85-02-08
ADD	9479591	25	85-01-31	002	01	09132010	NIC[redacted]	HAZEL		09132010	85-02-08
ADD	9479592	26	85-01-31	002	01	09132010	NIC[redacted]	HAZEL		09132010	85-02-08
ADD	9479593	27	85-01-31	002	01	09132010	NIC[redacted]	HAZEL		09132010	85-02-08
ADD	9516192	20	85-01-31	002	01	09160011	NUN[redacted]	ANTONIO		09160011	85-02-08
ADD	9516193	21	85-01-31	002	01	09160011	NUN[redacted]	ANTONIO		09160011	85-02-08
ADD	9516194	22	85-01-31	002	01	09160011	NUN[redacted]	ANTONIO		09160011	85-02-08
ADD	9516195	23	85-01-31	002	01	09160011	NUN[redacted]	ANTONIO		09160011	85-02-08
ADD	9115639	14	85-02-01	002	01	08596017	OLI[redacted]	AMILTON		08596017	85-02-08
ADD	9115640	15	85-02-01	002	01	08596017	OLI[redacted]	AMILTON		08596017	85-02-08
ADD	9115641	07	85-02-01	002	01	08596017	OLI[redacted]	AMILTON		08596017	85-02-08
ADD	9579787	14	85-02-06	002	01	08077026	ORT[redacted]	JENNIFER		08077026	85-02-08

WIC MANUAL VOUCHER EDIT LISTING

THE WIC MANUAL VOUCHER EDIT LISTING RECORDS ERRORS THAT WERE MADE ON MANUAL VOUCHER INPUT FORMS.

The WIC Manual Voucher Edit Listing lists 2 types of errors made on manual voucher input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED - The entire record was rejected by the computer due to an error in a critical field. The record as it appears on the input form is printed with the code 1, 2, 3, 4, or 5 appearing under each character in a field where data is missing or unacceptable. The key to the code is at the bottom of the page. Correct or fill in the missing data on the input copy, copy the corrected input, resubmit the corrected input, and save the copy.

DUPLICATE CARD NUMBER * CARD REJECTED - Two manual voucher inputs each with the same participant identification number were submitted within the same input cycle. In this case the computer combines the information as follows:

Data from lines 1 and 2 of the first input was accepted and appears on the Manual Voucher Update Listing. Data from lines 1 and 2 of the second input was rejected and appears beside the flag DUPLICATE LINE NUMBER * CARD REJECTED.

If both inputs have data on line 3, only data from line 3 of the first input was accepted and appears on the Manual Voucher Update Listing, and data from line 3 of the second input appears beside DUPLICATE LINE NUMBER * CARD REJECTED.

If only the first input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with the data from lines 1 and 2 of this input. However, if only the second input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with data from lines 1 and 2 from the first input. Thus, the voucher serial numbers on line 3 of the second input will appear in the Voucher Masterfile as having been issued to the participant listed on the first input.

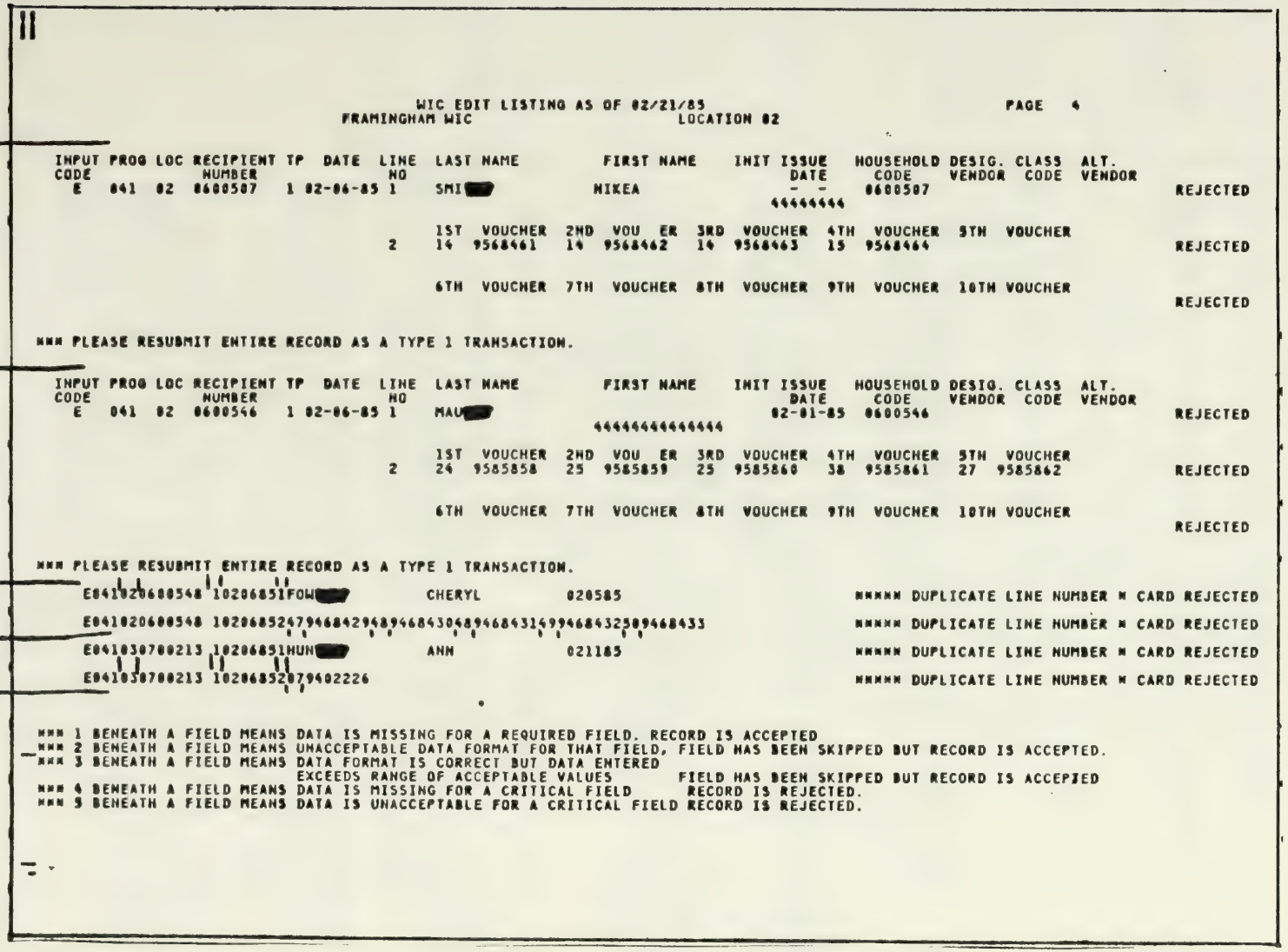
Unfortunately, there is now no way to make corrections to the Voucher Masterfile. Resubmit corrected inputs when possible and document errors in the Voucher Masterfile as follows:

- When the first input has the correct ID # and was accepted on the Update Listing, and the second input has the wrong ID # and was rejected on the Edit Listing, correct the ID # on the second input, copy the corrected input and resubmit it.

- When the first input has the wrong ID # but was accepted on the Update Listing and the second input has the correct ID # but was rejected on the Edit Listing, write the correct ID # on the first input copy; copy and resubmit the second input.

- When line 3 from the second input was accepted on the Update Listing under the participant's name from the first input, correct the ID # if necessary, then copy and resubmit the second input. On the input mailed to State, cross out line 3 as these serial #'s are already in the Voucher Masterfile and will bounce. Beside line 3 on copy of second input you retain, note participant name from first input (accepted on Update Listing).

MANUAL VOUCHER EDIT LISTING



WIC EDIT LISTING AS OF 02/21/85 PAGE 4
FRAMINGHAM WIC LOCATION 02

INPUT CODE	PROG	LOC	RECIPIENT NUMBER	TP	DATE	LINE NO	LAST NAME	FIRST NAME	INIT	ISSUE DATE	HOUSEHOLD CODE	DESIG. VENDOR	CLASS CODE	ALT. VENDOR	
E	041	02	0600507	1	02-06-85	1	SMI[redacted]	MIKEA		- - 44444444	0600507				REJECTED
						2	1ST VOUCHER 14 9568461	2ND VOU ER 14 9568462		3RD VOUCHER 14 9568463	4TH VOUCHER 15 9568464	5TH VOUCHER			REJECTED
							6TH VOUCHER	7TH VOUCHER		8TH VOUCHER	9TH VOUCHER	10TH VOUCHER			REJECTED

(1)

*** PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

INPUT CODE	PROG	LOC	RECIPIENT NUMBER	TP	DATE	LINE NO	LAST NAME	FIRST NAME	INIT	ISSUE DATE	HOUSEHOLD CODE	DESIG. VENDOR	CLASS CODE	ALT. VENDOR	
E	041	02	0600546	1	02-06-85	1	MAU[redacted]	44444444444444		02-01-85	0600546				REJECTED
						2	1ST VOUCHER 24 9585858	2ND VOU ER 25 9585859		3RD VOUCHER 25 9585860	4TH VOUCHER 38 9585861	5TH VOUCHER 27 9585862			REJECTED
							6TH VOUCHER	7TH VOUCHER		8TH VOUCHER	9TH VOUCHER	10TH VOUCHER			REJECTED

(2)

*** PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

E041020600548 10206851FOW[redacted] CHERYL 020585 ***** DUPLICATE LINE NUMBER * CARD REJECTED

(3)

E041020600548 1020685267946842968946843068946843169946843289468433 ***** DUPLICATE LINE NUMBER * CARD REJECTED

E041030700213 10206851HUN[redacted] ANN 021185 ***** DUPLICATE LINE NUMBER * CARD REJECTED

(4)

E041030700213 1020685207940222 6 ***** DUPLICATE LINE NUMBER * CARD REJECTED

*** 1 BENEATH A FIELD MEANS DATA IS MISSING FOR A REQUIRED FIELD. RECORD IS ACCEPTED
*** 2 BENEATH A FIELD MEANS UNACCEPTABLE DATA FORMAT FOR THAT FIELD, FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED.
*** 3 BENEATH A FIELD MEANS DATA FORMAT IS CORRECT BUT DATA ENTERED EXCEEDS RANGE OF ACCEPTABLE VALUES FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED
*** 4 BENEATH A FIELD MEANS DATA IS MISSING FOR A CRITICAL FIELD RECORD IS REJECTED.
*** 5 BENEATH A FIELD MEANS DATA IS UNACCEPTABLE FOR A CRITICAL FIELD RECORD IS REJECTED.

WIC MANUAL VOUCHER UPDATE REJECT LISTING

THE WIC MANUAL VOUCHER UPDATE REJECT LISTING LISTS ERRORS INVOLVING VOUCHER SERIAL NUMBERS.

There are two types of errors flagged under REASON REJECTED on the WIC Manual Voucher Update Reject Listing.

DUPLICATE ADD - The computer has rejected this input because this voucher serial number has already been accepted in the Voucher Masterfile. This may occur for the following reasons.

1. An input copy was accidently submitted after the original input was accepted. In this case the local WIC Program will have no input or input copy on hand. Make a note on the Manual Voucher Inventory Log.

2. Preprinted serial numbers were changed to serial numbers already in Voucher Masterfile. (Preprinted numbers should never be changed.) This error is probably uncorrectable. Note reason for no signed input copy on Manual Voucher Inventory Log.

3. Key-punching error. Copy and resubmit input copy.

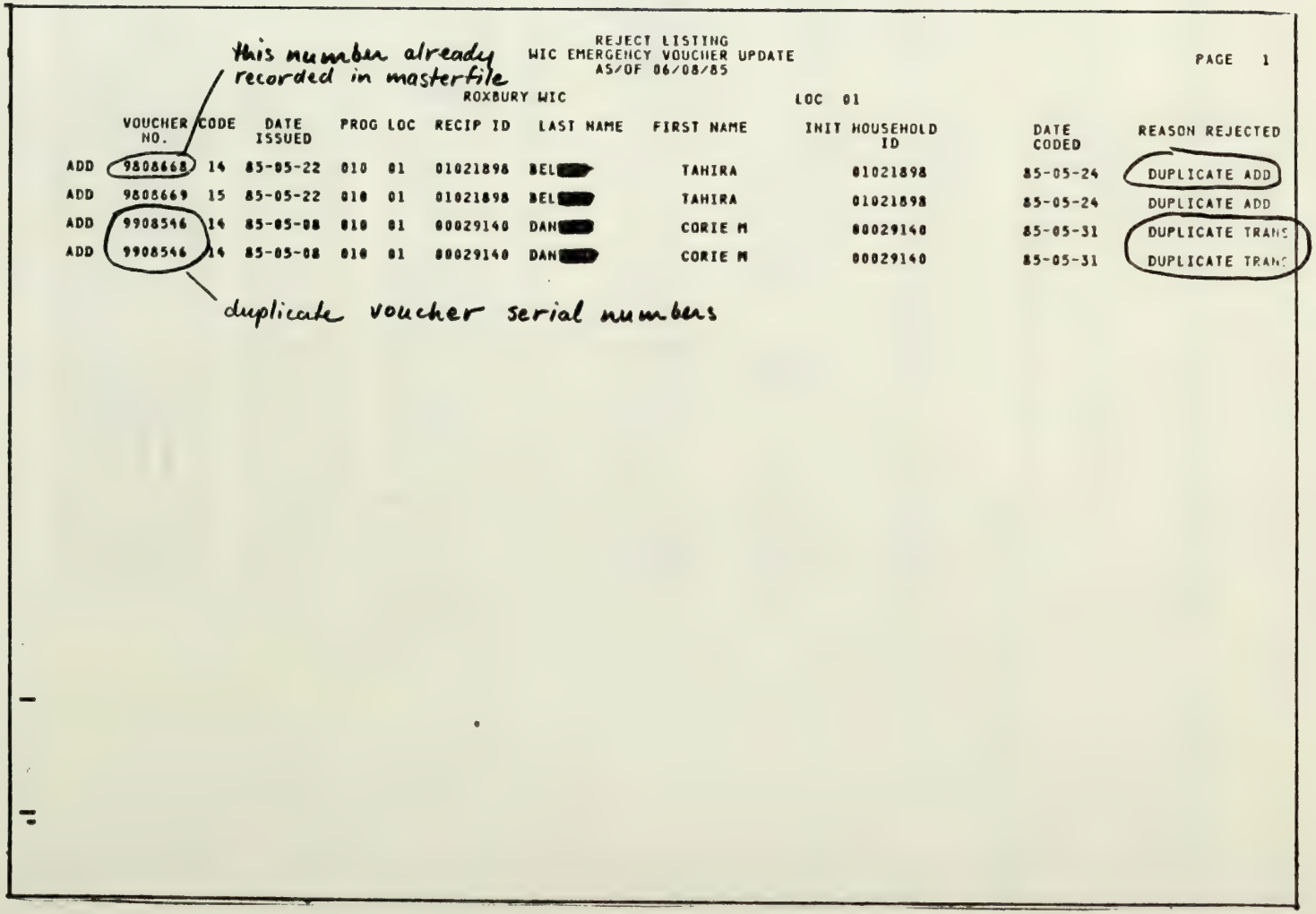
DUPLICATE TRANS (TRANSACTION) - The computer has rejected this input because this serial number appeared twice in this input cycle; the serial number gets listed twice on the same Reject Listing. This error may occur for the following reasons.

1. The original input and its copy were submitted together. Resubmit the rejected information on a green input form. Send only one copy. Since you will not have a signed input copy, explain the problem on green input copy.

2. The preprinted serial numbers were changed and match serial numbers on other input (also rejected as DUPLICATE TRANS) submitted in the same input cycle. (Preprinted serial numbers should never be changed.) Correct the problem and resubmit one or both inputs if you can. Otherwise, note problem on both input copies.

3. Key-punching error. Copy and resubmit both input copies.

MANUAL VOUCHER REJECT LISTING



this number already recorded in masterfile

REJECT LISTING
WIC EMERGENCY VOUCHER UPDATE
AS/OF 06/08/85

PAGE 1

ROXBURY WIC LOC 01

	VOUCHER NO.	CODE	DATE ISSUED	PROG	LOC	RECIP ID	LAST NAME	FIRST NAME	INIT	HOUSEHOLD ID	DATE CODED	REASON REJECTED
ADD	9808668	14	85-05-22	010	01	01021898	BEL[redacted]	TAHIRA		01021898	85-05-24	DUPLICATE ADD
ADD	9808669	15	85-05-22	010	01	01021898	BEL[redacted]	TAHIRA		01021898	85-05-24	DUPLICATE ADD
ADD	9908546	14	85-05-08	010	01	00029140	DAN[redacted]	CORIE M		00029140	85-05-31	DUPLICATE TRANS
ADD	9908546	14	85-05-08	010	01	00029140	DAN[redacted]	CORIE M		00029140	85-05-31	DUPLICATE TRANS

duplicate voucher serial numbers

VOUCHER SECURITY

EACH YEAR LOCAL WIC PROGRAMS HANDLE VOUCHERS WORTH OVER $20 MILLION.

LOCAL AGENCIES ARE FINANCIALLY RESPONSIBLE FOR ALL VOUCHERS THEY HAVE RECEIVED.

TO AVOID LOSS OR THEFT OF VOUCHERS, WIC HAS ESTABLISHED A NUMBER OF PREVENTIVE SECURITY PROCEDURES FOR THE HANDLING OF VOUCHERS.

You must be able to account for every voucher received, and must follow all voucher security procedures.

SAFEGUARDING VOUCHERS AND STAMPS

YOU MUST STORE VOUCHERS AND VOUCHER VALIDATING STAMPS ("MASS. WIC" STAMPS) IN SEPARATELY LOCKED FACILITIES.

YOU MUST STORE MANUAL VOUCHERS (BLANK OR PREPARED) SEPARATELY FROM THE CORRESPONDING INPUTS AND INVENTORY LOG.

YOU MUST STORE COMPUTER-GENERATED VOUCHERS SEPARATELY FROM THE CORRESPONDING VOUCHER REGISTER.

To avoid being held liable for stolen vouchers, follow all the accountability procedures required by the State WIC Office plus any additional measures appropriate to your local program situation.

Take care never to leave vouchers or voucher validating stamps unattended. Store the vouchers and the validating stamps in separately locked facilities. This increases the difficulty of validating stolen vouchers.

If you are missing one of your voucher validating stamps, call the State WIC Office immediately.

The voucher register, input forms and inventory log are a record of which vouchers have been distributed or voided and which vouchers are on hand. Storing these records separately lessens the likelihood of these records being stolen along with vouchers.

RECORD OF STAFF SIGNATURES AND INITIALS

FOR EACH FISCAL YEAR, MAINTAIN A LIST OF THE NAMES OF ALL STAFF HANDLING VOUCHERS, WITH A RECORD OF THEIR SIGNATURES AND HANDWRITTEN INITIALS.

KEEP THIS LIST FOR 3 1/2 FISCAL YEARS.

This list will allow identification of staff later if needed by local program staff, state staff, or auditors.

RECORD OF STAFF SIGNATURES AND INITIALS FOR FY _____

Program _____

Record on this form the names, signatures and handwritten initials of all staff handling vouchers for this fiscal year. Retain the form with other voucher records for the year.

NAME	SIGNATURE	INITIALS

REPORTING LOST OR STOLEN VOUCHERS

IF ANY VOUCHERS ARE MISSING FROM YOUR PROGRAM AND YOU CANNOT ACCOUNT FOR THEM, CALL THE STATE WIC OFFICE IMMEDIATELY.

IF ANY PARTICIPANT LOSES HER/HIS VOUCHERS, OR IF THEY ARE STOLEN FROM HER/HIM, CALL THE STATE WIC OFFICE IMMEDIATELY.

When you call the State WIC Office to report lost or stolen vouchers, you must provide the following information:

1. Program name
2. Participant's name (the name on the vouchers)
3. Voucher(s) date of issue
4. Serial number(s) of the voucher(s) that were lost or stolen*
5. Whether the vouchers were lost, or whether they were stolen

The State WIC Office then reports this information to the bank where the WIC Program has its central account. The bank then orders a "stop payment" on each of the vouchers reported lost or stolen.

The bank will not reimburse any vendor for any voucher on which there has been a stop payment ordered.

MAINTAINING THE PARTICIPANT MASTERFILE

THE PARTICIPANT MASTERFILE IS A COMPUTER FILE CONTAINING INFORMATION ABOUT EACH PARTICIPANT WHO IS CURRENTLY ACTIVE (RECEIVING COMPUTER-GENERATED VOUCHERS) OR INACTIVE (TERMINATED WITHIN THE LAST TWO MONTHS).

THE INFORMATION IN THE PARTICIPANT MASTERFILE IS USED MONTHLY TO GENERATE PARTICIPANT-SPECIFIC VOUCHERS AND TO PRODUCE REPORTS CONTAINING INFORMATION AND STATISTICS ABOUT PARTICIPANTS.

THE PARTICIPANT MASTERFILE MUST BE KEPT AS CURRENT AS POSSIBLE TO INSURE PRODUCTION OF CORRECT VOUCHERS AND REPORTS AND TO PROVIDE ACCURATE STATISTICS ON PARTICIPTION WHICH ARE USED BY THE STATE WIC OFFICE TO REQUEST OR SUPPORT FUNDING LEVELS.

THE PARTICIPANT MASTERFILE CAN BE KEPT ACCURATE AND CURRENT BY:

1. SUBMITTING CORRECTLY PREPARED PARTICIPANT INPUT FREQUENTLY, AND

2. USING THE WEEKLY AND MONTHLY PARTICIPANT MANAGEMENT REPORTS TO VERIFY ACCEPTANCE AND ACCURACY OF INPUT.

PARTICIPANT INPUT FORMS

PARTICIPANT INPUT FORMS ARE USED TO ADD INFORMATION ABOUT NEW PARTICIPANTS TO THE PARTICIPANT MASTERFILE AND TO CHANGE INFORMATION ALREADY IN THE PARTICIPANT MASTERFILE.

The Participant Input Form is your link with the Participant Masterfile which contains information about your active and recently active participants. The Participant Masterfile and vouchers and reports produced from this masterfile reflect exactly the information you submit on input forms. It is therefore VERY IMPORTANT that you submit information carefully and reguarly.

Incorrect input forms may result in incorrect vouchers or no vouchers printed for your participants, and inaccurate reports.

INSTRUCTIONS FOR PARTICIPANT INPUT FORMS

1. Print neatly with ball point pen in an ink color other than black. This makes the input form easier to read for the people who need to keypunch the information, and thus reduces keypunch errors.

2. Always fill in the information on the input form starting at the left-most position.

3. Some of the information that goes on the input form is "numeric" (numbers only). If numeric information has fewer digits than the number of boxes on the input form, fill the empty boxes on the left with zeroes. This is called "right justifying". Dates, pick-up day, and food package must be right-justified.

   Exceptions: the Participant Identification Number and the Household Code should not be "right justified" in the same way. When submitting input on a new WIC participant, leave the eighth digit (on the far right) blank. The computer automatically assigns an eighth digit (a "check digit") to these numbers for control purposes.

4. Some of the information that goes on the input form requires letters as well as numbers ("alpha/numeric" information). For alpha/numeric information you may use as many spaces on the input form as necessary (starting in the left-most box). Leave the unused positions blank. This is called "left justifying".

5. Participant input forms have some areas that are outlined heavily in black. These are called "critical fields". When you are entering information on a new participant you must fill in all of the critical fields on the input form or the computer will not accept the record. (Note: DESIGN. VENDOR should not be used at all. BOSTON CENSUS TRACT is a critical field for Boston Programs only.)

6. You must always complete the top line (the "header") on every input form. The computer will not accept records with incomplete headers.

7. You may write above the small vertical lines in each box, but use only the number of spaces allowed.

8. You should try to maintain a 2-month supply of participant input forms.

Use the Participant Input Form for two types of computer "transactions":

1. Transaction Type 1 (Trans. Type 1)	ADDS new participant records to the computer masterfiles. Complete a Transaction Type 1 when you wish to enter information on a new participant into the computer files.
2. Transaction Type 2 (Trans. Type 2)	CHANGES information in records currrently on the computer masterfiles. Complete a Transaction Type 2 when you wish to change or update information on a participant already entered into the computer files.

ADDING A NEW PARTICIPANT ONTO THE PARTICIPANT MASTERFILE (TRANSACTION TYPE 1)

TO ADD A NEW PARTICIPANT TO THE COMPUTER MASTERFILE, SUBMIT A WHITE PARTICIPANT INPUT FORM AS SOON AS POSSIBLE AFTER THE CERTIFICATION. ALL THE CRITICAL FIELDS MUST BE COMPLETED IN ORDER FOR THE RECORD TO BE ACCEPTED.

For a Transaction Type 1 ("Trans. Type 1") make sure that:

1. The participant's identification number does not duplicate the number for another participant on your participant masterfile.

   The computer will not accept more than one Trans. Type 1 on the same identification number. However, you may use a previous participant's identification number if that is no longer listed on the current computer participant report.

2. You have submitted enough information on the new participant for the computer to accept the record.

   The computer will not accept a Trans. Type 1 if you do not fill all of the "critical fields" on the input form. The "critical fields" are explained below.

HOW TO COMPLETE AN INPUT FORM FOR A NEW PARTICIPANT

HEADER. EACH ENTRY IN THE HEADER IS A CRITICAL FIELD. ALWAYS COMPLETE THE HEADER INFORMATION.

Program code. Enter the three digit number which designates your specific local WIC Program. See Part V, Section A.3a(4a) for program codes.

Location code. Enter the two-digit number which designates your specific site within the local program. See Part V, Section A.3a(4a) for site codes.

Participant identification number. Enter this number on the input form, using the procedure which has been set up in your office to assign new identification numbers. Do not add the eighth digit. The computer will assign this number. THE COMPUTER WILL REJECT ANY PARTICIPANT IDENTIFICATION NUMBER WHICH HAS ALREADY BEEN ASSIGNED TO A PARTICIPANT ON THE MASTERFILE.

Trans. type. Enter 1 for Transaction Type 1, to add a new participant.

Batch date. Enter the date by month, day and year. Be sure to use six numbers. For example: March 24, 1983 is entered as 03/24/83. THE INPUT FORM MUST HAVE SIX NUMBERS IN EVERY DATE.

LINE 1

Participant's last name. Enter participant's last name. If it is too long for the field, abbreviate. Critical field.

Participant's first name. Enter participant's first name. Critical field.

Initial. For middle initial of participant's name. Optional field.

Sex. Enter M for male or F for female. Critical field.

Race. Enter the single letter code which designates the participant's racial background. Allowable codes are listed on the input form. Critical field.

Household code. If the local program desires, they may use this field to identify all family members who are WIC participants so that the computer will group the family's vouchers together and print their names together on the Voucher Register. Optional field.

The household code must be the identification number of an active particpant in the family. If you wish to assign a household code, it is most efficient to pick the number of the family member you expect will be a participant for the longest period of time. If you do not use the household code, vouchers will be sorted alphabetically by last name.

Certification date. Enter the date the participant was first certified, using six digits. Example: June 9, 1983 is 06/09/83. Critical field.

Pregnant woman's expected delivery date. Enter by month, day and year (using six digits) the date the pregnant woman expects to deliver her baby. This date must be after the date the input is expected to be accepted on the participant masterfile. Critical field for pregnant women only. Leave blank for other types of participants.

** CHECK CRITICAL FIELDS FOR LINE 1: PARTICIPANT'S NAME, SEX, RACE, CERTIFICATION DATE, EXPECTED DELIVERY DATE FOR PREGNANT WOMEN.

LINE 2

2nd line of address. Enter the street address of the participant. If it is too long for the field, abbreviate. Critical field.

3rd line of address. You may use this field to enter any further information about a participant's address that might be useful, or to record the name of a proxy. Optional field.

** CHECK CRITICAL FIELDS FOR LINE 2: 2ND LINE OF ADDRESS.

LINE 3

City or town. Enter the name of the city or town in which the participant lives. Critical field.

State. MA. Preprinted on form.

Zip code. Enter the five-digit number for the zip code of the participant's address. Critical field.

DPH town code. Enter the three-digit code designated for participant's city or town by the Massachusetts Department of Public Health. Critical field. (See list of DPH Town Codes in Part V, Section A.3a(4b).

Boston census tract. Enter the four-digit number that designates the Boston census tract in which the participant lives. Critical field for Boston WIC programs.

This field is only for Boston residents. If a Boston program enrolls a participant who does not live in Boston, they enter 9999 in the field for the Boston census tract.

Telephone number. Enter the participant's phone number by area code, exchange and number. Optional field.

** CHECK CRITICAL FIELDS FOR LINE 3: CITY OR TOWN, ZIP CODE, DPH TOWN CODE, BOSTON CENSUS TRACT NUMBER FOR BOSTON PROGRAMS.

LINE 4

Parent, guardian, authorized representative, last name and first name. Enter the first and last name of any person designated to receive vouchers for the participant. Optional field.

Designated vendor code. This field is now obsolete. Leave blank.

Source of health care: Enter code which identifies where the participant regularly receives health care. Optional field. (See participant input form codes in Part V, Section A.3a(4c).

Number of participants in family. Enter the number of WIC participants in the family. Optional field.

Pick-up day. Enter the two-digit number that designates the day of the month on which the participant would normally come in to pick up vouchers. For example, if you wish the participant to come in on the seventh of each month, write 07 in the field. Critical field. VALID PICK-UP DATES ARE ONLY THE 1ST THROUGH THE 27TH OF THE MONTH.

Recertified date. Enter the six-digit number that represents the date of the participant's most recent certification. See Part V, Section A.3a(2), CHANGING INFORMATION ON A PARTICIPANT, for further information on Transaction Type 2's.

Termination code. Enter the code that designates the reason for termination. See Part V, Section A.3a(2) for further information on Transaction Type 2's. See termination codes in Part V, Section A.3a(4c).

Termination date. Enter the six-digit number by month, day and year that is the date on which the participant was terminated from the program. See Part V, Section A.3a(2) for more information on Transaction Type 2's.

Home delivery program use codes. This field is now obsolete. Leave blank.

** CHECK CRITICAL FIELD FOR LINE 4: PICK-UP DAY.

LINE 5

Participant type. Enter the single-letter code designating the participant type. W = woman; I = infant (birth to 11 months); C = child (1 year to five years). Critical field.

Woman's status. Enter the number that corresponds to the woman's status according to the code on the input form. Critical field for women. Leave blank for other participants.

Nutritional obstetric risk. Not customarily used.

Birth or delivery date. Enter the six-digit number by month, day and year that designates the birth date of infants and children or the delivery date for postpartum women. Leave blank for pregnant women. Critical field for infants, children and postpartum women.

Food package. Enter the two-digit code that designates the food package that has been assigned to the participant. Critical field. See Part V, Section A.2a(3) for food package codes.

Initial food intake. Not customarily used.

Ending food intake. Not customarily used.

Nutritional care. Not customarily used.

Nutritional visits. Not customarily used.

Priority. Enter the three-position code designating the participant's priority. Critical field. See Part V, Section A.3a(4c) for codes.

Hgb level. Not customarily used.

Hct level. Not customarily used.

Number of prenatal visits. Not customarily used.

** CHECK CRITICAL FIELDS FOR LINE 5: PARTICIPANT TYPE, WOMAN'S STATUS, BIRTH OR DELIVERY DATE, FOOD PACKAGE, PRIORITY.

THE COMMONWEALTH OF MASSACHUSETTS — **DEPARTMENT OF PUBLIC HEALTH**

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
081	02	26341111	1	05 09 84
1 3	4 5	6 13	14	15 20

1 - add
2 - change

SAMPLE FOR PREGNANT WOMAN

PLEASE PRINT IN INK

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or Alaskan Native
E. Asian or Pacific Islander

Check for Change	LINE	PARTICIPANT'S LAST NAME	FIRST NAME	MRT.	SEX (M F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
	1	SMITH	KATHERINE		F	B		05 06 84	09 22 84
	21	22 36	37 50	51	52	53	54 61	62 67	68

Check for Change	LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
	2	55 CHESTNUT ST	
	21	22 48	47 71

Check for Change	LINE	CITY OR TOWN	STATE	ZIP CODE	DPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH.	NUMBER
	3	BOSTON	MA	02134	035	0007	617	444	3710
	21	22 46	47 48	49 53	54 56	57 60	61 63	64 66	67 70

Check for Change	LINE	PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG. VENDOR	SOURCE OF HEALTH CARE	NO. OF PARTIC. IN FAMILY	PICK-UP DAY	RECERTIFIED DATE (MM DD YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODE
	4						06				
	21	22 36	37 51	52 54	55	56	57 59	60 65	66	67	

1 Pregnant 2 Post Partum, Not Nursing
3 Post Partum, Nursing

Check for Change	LINE	PART TYPE	WOMAN'S STATUS	NUTR OBST. RISK	BIRTH OR DEL DATE (MM DD YY)	FOOD PKG.	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
	5	W	1			07					XX			
	21		23	24 26	27 32	33 34	35 37	38 40	41	42 43	44 45	47	48	

Termination code. Enter the code that designates the reason for termination. See Part V, Section A.3a(2) for further information on Transaction Type 2's. See termination codes in Part V, Section A.3a(4c).

Termination date. Enter the six-digit number by month, day and year that is the date on which the participant was terminated from the program. See Part V, Section A.3a(2) for more information on Transaction Type 2's.

Home delivery program use codes. This field is now obsolete. Leave blank.

** CHECK CRITICAL FIELD FOR LINE 4: PICK-UP DAY.

LINE 5

Participant type. Enter the single-letter code designating the participant type. W = woman; I = infant (birth to 11 months); C = child (1 year to five years). Critical field.

Woman's status. Enter the number that corresponds to the woman's status according to the code on the input form. Critical field for women. Leave blank for other participants.

Nutritional obstetric risk. Not customarily used.

Birth or delivery date. Enter the six-digit number by month, day and year that designates the birth date of infants and children or the delivery date for postpartum women. Leave blank for pregnant women. Critical field for infants, children and postpartum women.

Food package. Enter the two-digit code that designates the food package that has been assigned to the participant. Critical field. See Part V, Section A.2a(3) for food package codes.

Initial food intake. Not customarily used.

Ending food intake. Not customarily used.

Nutritional care. Not customarily used.

Nutritional visits. Not customarily used.

Priority. Enter the three-position code designating the participant's priority. Critical field. See Part V, Section A.3a(4c) for codes.

Hgb level. Not customarily used.

Hct level. Not customarily used.

Number of prenatal visits. Not customarily used.

** CHECK CRITICAL FIELDS FOR LINE 5: PARTICIPANT TYPE, WOMAN'S STATUS, BIRTH OR DELIVERY DATE, FOOD PACKAGE, PRIORITY.

THE COMMONWEALTH OF MASSACHUSETTS — **DEPARTMENT OF PUBLIC HEALTH**

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
081	02	26341111	1	05 09 84
1 3	4 5	6 13	14	15 20

1 - add
2 - change

SAMPLE FOR PREGNANT WOMAN

PLEASE PRINT IN INK

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or Alaskan Native
E. Asian or Pacific Islander

Check for Change | LINE | PARTICIPANT'S LAST NAME | FIRST NAME | INIT. | SEX (M F) | RACE | HOUSEHOLD CODE | CERTIFICATION DATE (MM DD/YY) | PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)

	1	SMITH	KATHERINE		F	B		05 06 84	09 22 84
	21	22 36	37 60	61	52	53	54 61	62 67	68

Check for Change | LINE | 2ND LINE OF ADDRESS | 3RD LINE OF ADDRESS (OR PROXY)

	2	55 CHESTNUT ST	
	21	22 48	47 71

Check for Change | LINE | CITY OR TOWN | STATE | ZIP CODE | DPH TOWN CODE | BOSTON CENSUS TRACT | TELEPHONE NUMBER AREA | EXCH. | NUMBER

	3	BOSTON	MA	02134	035	0007	617	444	3210
	21	22 46	47 48	49 53	54 56	57 60	61 63	64 66	67 70

Check for Change | LINE | PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME | FIRST NAME | DESIG. VENDOR | SOURCE OF HEALTH CARE | NO. OF PARTIC. IN FAMILY | PICK-UP DAY | RECERTIFIED DATE (MM DD/YY) | TERMINATION CODE | TERMINATION DATE (MM DD YY) | HOME DELIVERY PROGRAM USE CODE

	4						06			
	21	22 36	37 51	52 54	55	56	57 59	60 65	66	67 72	73

1 Pregnant 2 Post Partum, Not Nursing
3 Post Partum, Nursing

Check for Change | LINE | PART TYPE | WOMAN'S STATUS | NUTR OBST. RISK | BIRTH OR DEL DATE (MM DD/YY) | FOOD PKG. | INITIAL FOOD INTAKE | ENDING FOOD INTAKE | NUTRITIONAL CARE | NUTRITIONAL VISITS | PRIORITY | HGB LEVEL | HCT LEVEL | NUMBER OF PRENATAL VISITS

	5	W	1			07					1XX			
	21	22	23	24 26	27 32	33 34	35 37	38 41	42	43 44	45 48	49	50	51

TYPE 1 PARTICIPANT INPUT FORM FOR POSTPARTUM WOMAN (Breastfeeding)

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC — Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
081	01	1236321	1	05/10/84
1–3	4–5	6–13	14	15–20

1 - add
2 - change

SAMPLE FOR POSTPARTUM WOMAN (BREASTFEEDING)

PLEASE PRINT IN INK

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or Alaskan Native
E. Asian or Pacific Islander

Check for Change

LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT.	SEX (M-F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD/YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
1	GARCIA	LUISA		F	C		05/05/84	
21	22–36	37–50	51	52	53	54–61	62–67	68–

Check for Change

LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
2	83 HILL AVE	
21	22–46	47–71

Check for Change

LINE	CITY OR TOWN	STATE	ZIP CODE	DPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
3	WALTHAM	MA	02154	308				
21	22–46	47 48	49–53	54–56	57–60	61–63	64–66	67–70

Check for Change

LINE	PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG. VENDOR	SOURCE OF HEALTH CARE	NO. OF PARTIC. IN FAMILY	PICK-UP DAY	RECERTIFIED DATE (MM/DD/YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODES
4						05				
21	22–36	37–51	52–54	55	56	58 59	60–65	66	67–	

Check for Change

1 Pregnant 2 Post Partum, Not Nursing
3 Post Partum, Nursing

LINE	PART. TYPE	WOMAN'S STATUS	NUTR OBST. RISK	BIRTH OR CEL DATE (MM/DD/YY)	FOOD PKG	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	VGTS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISIT
5	W	3		03/26/84	08					HX X			
21	22	23	24	25–30	31	32	33	34	35	36–38	39	40	41

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC — Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE (1–3)	LOCATION CODE (4–5)	PARTICIPANT IDENTIFICATION NUMBER (6–13)	TRANS. TYPE (14)	BATCH DATE (MM/DD/YY) (15–20)
081	01	01003582	1	04 07 84

1 - add
2 - change

SAMPLE FOR CHILD

PLEASE PRINT IN INK

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or Alaskan Native
E. Asian or Pacific Islander

Check for Change	LINE	PARTICIPANT'S LAST NAME (22–36)	FIRST NAME (37–50)	INIT. (51)	SEX (M F) (52)	RACE (53)	HOUSEHOLD CODE (54–61)	CERTIFICATION DATE (MM/DD/YY) (62–67)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM/DD/YY) (68–73)
	1 (21)	MCDONALD	JAMES		M	A		04 07 84	

Check for Change	LINE	2ND LINE OF ADDRESS (22–46)	3RD LINE OF ADDRESS (OR PROXY) (47–71)
	2 (21)	232 ANDREWS ST	

Check for Change	LINE	CITY OR TOWN (22–46)	STATE (47–48)	ZIP CODE (49–53)	DPH TOWN CODE (54–56)	BOSTON CENSUS TRACT (57–60)	TELEPHONE NUMBER AREA (61–63)	EXCH. (64–66)	NUMBER (67–70)
	3 (21)	WORCESTER	MA	01603	348		617	777	0001

Check for Change	LINE	PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME (22–36)	FIRST NAME (37–51)	DESIG. VENDOR (52–54)	SOURCE OF HEALTH CARE (55)	NO. OF PARTIC. IN FAMILY (56)	PICK-UP DAY (58 59)	RECERTIFIED DATE (MM/DD/YY) (60–65)	TERMI-NATION CODE (66)	TERMINATION DATE (MM/DD/YY) (67–72)	HOME DELIVERY PROGRAM USE CODES (73)
	4 (21)	MCDONALD	JANE				07				

Check for Change	LINE	PART. TYPE (22)	WOMAN'S STATUS (23)	NUTR. OBST. RISK (24–26)	BIRTH OR DEL. DATE (MM/DD/YY) (27–32)	FOOD PKG. (33 34)	INITIAL FOOD INTAKE (35–37)	ENDING FOOD INTAKE (38–40)	NUTRITIONAL CARE (41)	NUTRITIONAL VISITS (42 43)	PRIORITY (44–46)	HGB LEVEL (47 48)	HCT LEVEL (49 50)	NUMBER OF PRENATAL VISITS (51 52)
	5 (21)	C			11 07 82	05					3AX			

1 Pregnant 2 Post-Partum, Not Nursing
3 Post Partum, Nursing

TYPE 1 PARTICIPANT INPUT FORM FOR CHILD

CHANGING INFORMATION ON A PARTICIPANT RECORD ALREADY IN THE PARTICIPANT MASTERFILE (TRANSACTION TYPE 2)

IN ORDER TO CHANGE ANY INFORMATION ON A PARTICIPANT'S RECORD ON THE COMPUTER MASTERFILE, YOU SHOULD SUBMIT A WHITE PARTICIPANT INPUT FORM AS SOON AS POSSIBLE AFTER YOU HAVE THE NEW INFORMATION. YOU DO NOT NEED TO FILL OUT THE ENTIRE FORM, BUT THE HEADER INFORMATION MUST ALWAYS BE COMPLETED.

For a Transaction Type 2 ("Trans. Type 2"):

1. Make sure that the program code, location code, and participant identification number duplicate exactly the existing record of the active participant whose record needs changing.

   The computer will not accept any changes or updates on a participant file with a Trans. Type 2 unless you fill out the top line of the input form (the "header") correctly.

2. Fill in the correct participant data in the appropriate boxes on the input form.

   You may change as much or as little information on as many lines as you need to on a single input form. You do not need to fill in the "critical fields" (except for the header information) on a Trans. Type 2.

3. Indicate, on the far left of the input form, which line(s) contain new information.

   Mark the box which says "Check for Change" on each line that contains new information. IF YOU DON'T MARK THIS BOX, THE INFORMATION WILL NOT BE CHANGED.

4. Whenever you complete a repeat certification for a participant, enter the "recertification" date and current priority code as soon as possible after the certification is complete. The recertification date must be accompanied by the current priority code.

5. When you terminate a participant record, include both a termination code and a termination date.

6. When you change a woman's status from pregnant to postpartum or nursing, you must also enter the woman's delivery date and a change in priority. If you do not enter all of this information, the input will be rejected and the computer will still retain the woman's status as pregnant.

7. If you need to delete information on a participant, enter "dummy" information that you will easily recognize. For example, if a participant's phone has been disconnected, delete the phone number by changing it to the "dummy" number 617-999-9999 or 413-999-9999. If, for example, you want to delete the third line of someone's address, enter the "dummy" address of XXXXX.

NOTE: To make it easier to identify and correct Type 2 inputs which get rejected by the computer, write the participant's name in the blank space below the Participant Identifcation Number. See error flag NO MATCH TRANS TYPE CHANGE under Recipient Update Rejects Listing, Part V, Section A.3b(1c).

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE (1–3)	LOCATION CODE (4–5)	PARTICIPANT IDENTIFICATION NUMBER (6–13)	TRANS. TYPE (14)	BATCH DATE (MM/DD/YY) (15–20)
0 8 2	0 2	2 3 1 7 2 1 0	2	0 5 0 6 8 4

1 - add
2 - change

A. Kara

PLEASE PRINT IN INK

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or Alaskan Native
E. Asian or Pacific Islander

Check for Change

LINE	PARTICIPANT'S LAST NAME (22–36)	FIRST NAME (37–50)	INIT. (51)	SEX (M F) (52)	RACE (53)	HOUSEHOLD CODE (54–61)	CERTIFICATION DATE (MM DD/YY) (62–67)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY) (68–73)
1								

Check for Change

LINE	2ND LINE OF ADDRESS (22–46)	3RD LINE OF ADDRESS (OR PROXY) (47–71)
2		

Check for Change

LINE	CITY OR TOWN (22–46)	STATE (47–48)	ZIP CODE (49–53)	DPH TOWN CODE (54–56)	BOSTON CENSUS TRACT (57–60)	TELEPHONE NUMBER AREA (61–63)	EXCH (64–66)	NUMBER (67–70)
3		MA						

Check for Change ✓

LINE	PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME (22–36)	FIRST NAME (37–51)	DESIG. VENDOR (52–54)	SOURCE OF HEALTH CARE (55)	NO. OF PARTIC. IN FAMILY (56)	PICK-UP DAY (58 59)	RECERTIFIED DATE (MM/DD/YY) (60–65)	TERMINATION CODE (66)	TERMINATION DATE (MM DD YY) (67–72)	HOME DELIVERY PROGRAM USE CODES
4							05 06 84			

Check for Change ✓

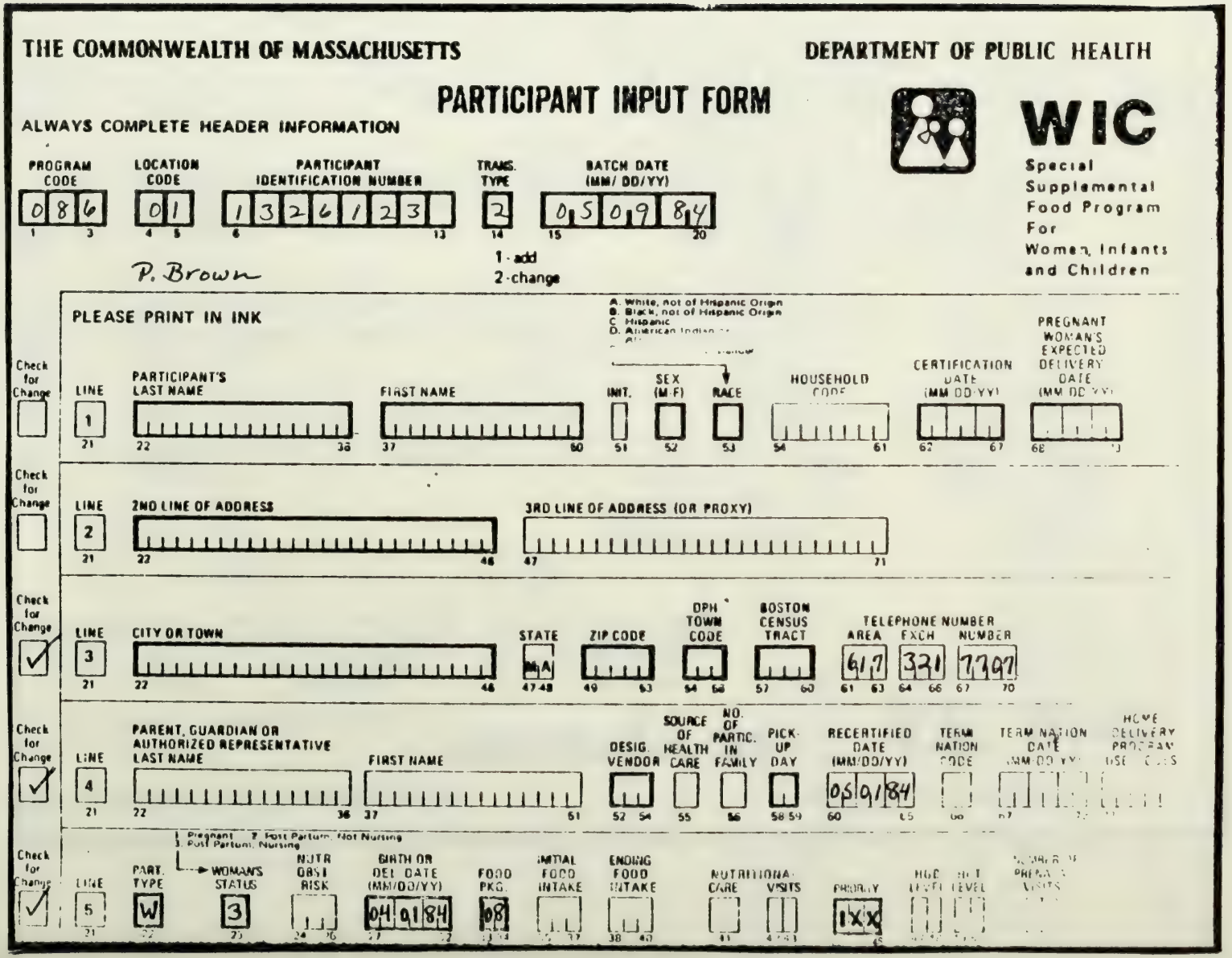
1 Pregnant 2 Post Partum, Not Nursing
3 Post Partum, Nursing

LINE	PART. TYPE	WOMAN'S STATUS (7)	NUTR. OBST. RISK (24–26)	BIRTH OR DEL DATE (MM/DD/YY) (27–32)	FOOD PKG. (33 34)	INITIAL FOOD INTAKE (35–37)	ENDING FOOD INTAKE (38–40)	NUTRITIONAL CARE (41)	NUTRITIONAL VISITS (42–43)	PROD ID (44–46)	HGB LEVEL (47–50)	HCT LEVEL (51–54)	NUMBER OF PRENATAL VISITS (55–56)
5										3AP			

TYPE 2 PARTICIPANT INPUT FORM
(recertification date & priority)

PART V: FOOD DELIVERY
SECTION A.3a(2)
PAGE: 3
DATE: 8/85

TYPE 2 PARTICIPANT INPUT FORM
(changing woman's status & phone number)



THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE: 086 (1–3)
LOCATION CODE: 01 (4–5)
PARTICIPANT IDENTIFICATION NUMBER: 1326123 (6–13)
TRANS. TYPE: 2 (14) — 1 - add, 2 - change
BATCH DATE (MM/DD/YY): 05/09/84 (15–20)

P. Brown

PLEASE PRINT IN INK

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or

Check for Change

LINE 1 (21)
PARTICIPANT'S LAST NAME (22–36)
FIRST NAME (37–50)
INIT. (51)
SEX (M-F) (52)
RACE (53)
HOUSEHOLD CODE (54–61)
CERTIFICATION DATE (MM DD YY) (62–67)
PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY) (68–73)

Check for Change

LINE 2 (21)
2ND LINE OF ADDRESS (22–46)
3RD LINE OF ADDRESS (OR PROXY) (47–71)

Check for Change ✓

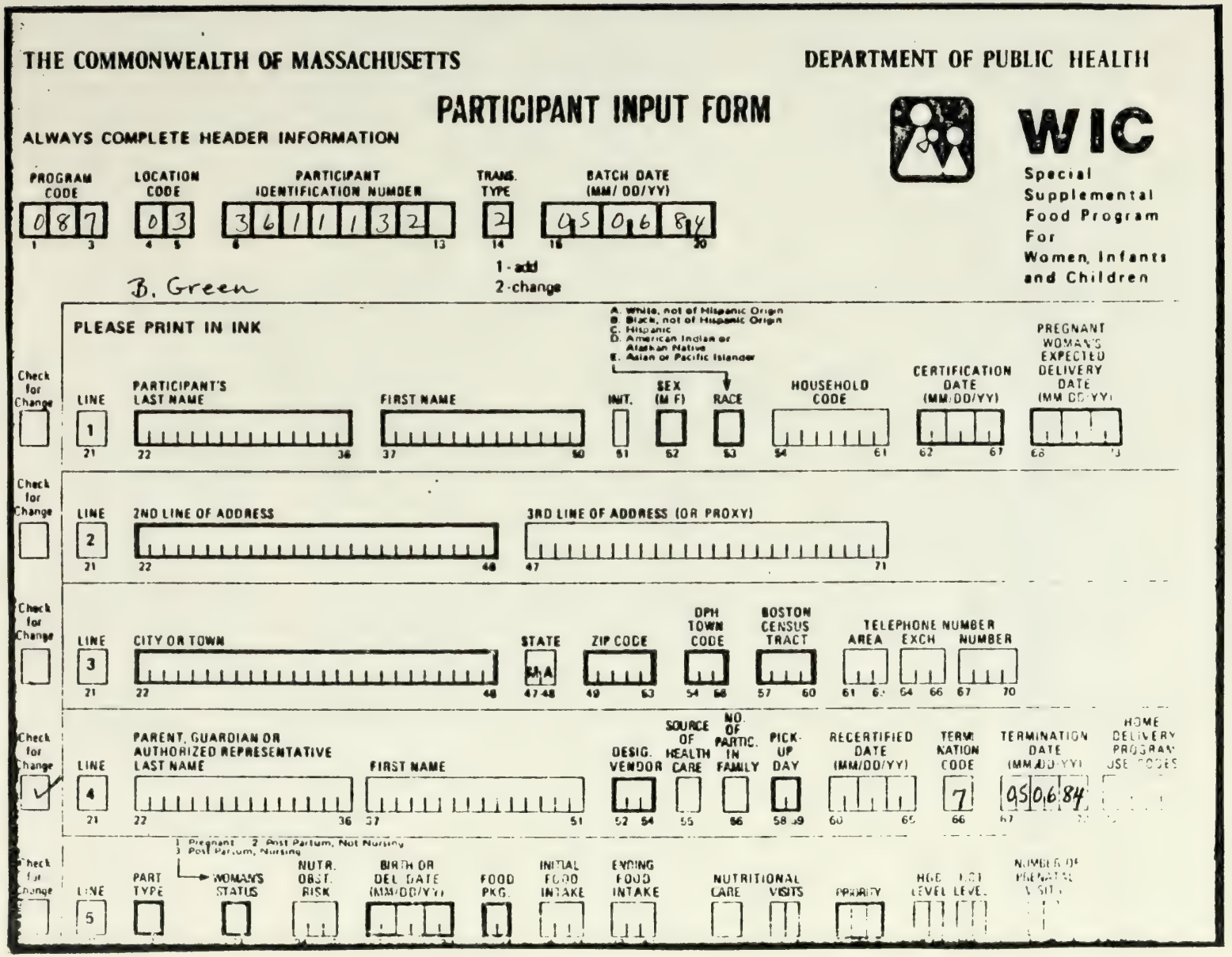
LINE 3 (21)
CITY OR TOWN (22–46)
STATE: MA (47–48)
ZIP CODE (49–53)
DPH TOWN CODE (54–56)
BOSTON CENSUS TRACT (57–60)
TELEPHONE NUMBER — AREA: 617 (61–63) EXCH: 321 (64–66) NUMBER: 7777 (67–70)

Check for Change ✓

LINE 4 (21)
PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME (22–36)
FIRST NAME (37–51)
DESIG. VENDOR (52–54)
SOURCE OF HEALTH CARE (55)
NO. OF PARTIC. IN FAMILY (56)
PICK-UP DAY (58–59)
RECERTIFIED DATE (MM/DD/YY): 05/09/84 (60–65)
TERMINATION CODE (66)
TERMINATION DATE (MM DD YY) (67–72)
HOME DELIVERY PROGRAM USE CODES (73–74)

Check for Change ✓

LINE 5 (21)
PART. TYPE: W (22)
WOMAN'S STATUS: 3 (23) — 1. Pregnant 2. Post Partum, Not Nursing 3. Post Partum, Nursing
NUTR OBST RISK (24–26)
BIRTH OR DEL DATE (MM/DD/YY): 04/01/84 (27–32)
FOOD PKG.: 08 (33–34)
INITIAL FOOD INTAKE (35–37)
ENDING FOOD INTAKE (38–40)
NUTRITIONAL CARE (41)
VISITS (42–43)
PRIORITY: 1XX (44–46)
HGB LEVEL (47–49)
HCT LEVEL (50–52)
NUMBER OF PREGNANCY VISITS (53–54)



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC

Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
087	03	3611132	2	05 06 84

1 - add
2 - change

B. Green

PLEASE PRINT IN INK

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or Alaskan Native
E. Asian or Pacific Islander

Check for Change	LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT.	SEX (M F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM/DD/YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD/YY)
	1								

Check for Change	LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
	2		

Check for Change	LINE	CITY OR TOWN	STATE	ZIP CODE	DPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
	3		MA						

Check for Change	LINE	PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG. VENDOR	SOURCE OF HEALTH CARE	NO. OF PARTIC. IN FAMILY	PICK-UP DAY	RECERTIFIED DATE (MM/DD/YY)	TERMINATION CODE	TERMINATION DATE (MM/DD/YY)	HOME DELIVERY PROGRAM USE CODES
✓	4								7	05 06 84	

1 Pregnant 2 Post Partum, Not Nursing
3 Post Partum, Nursing

Check for Change	LINE	PART TYPE	WOMAN'S STATUS	NUTR. OBST. RISK	BIRTH OR DEL DATE (MM/DD/YY)	FOOD PKG.	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PREGNANCY VISITS
	5					1								

SUBMITTING PARTICIPANT INPUT

IN ORDER TO KEEP YOUR PARTICIPANT MASTERFILE UP TO DATE, SUBMIT YOUR BATCHED PARTICIPANT INPUT TO THE STATE WIC OFFICE ON A REGULAR BASIS.

BATCHING PARTICIPANT INPUT FORMS

TO SUBMIT INFORMATION TO THE PARTICIPANT MASTERFILE, YOU MUST GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE INPUT FORMS.

YOU MUST SEPARATE ALL OF YOUR PARTICIPANT INPUT FORMS INTO APPROPRIATE BATCHES, AND ATTACH A "BATCH HEADER" TO EACH BATCH.

CHECK YOUR INPUT FORMS, ESPECIALLY HEADERS AND BATCH HEADERS, FOR ACCURACY AND COMPLETENESS IN CRITICAL FIELDS.

MAIL ALL OF YOUR BATCHED INPUT AT LEAST TWICE A WEEK TO THE STATE WIC OFFICE USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

Group the original (white) copies of the participant input forms by:

1. Transaction type (Trans. Type 1 or Type 2)
2. Site (location code)

   For example, if you have Type 1 and Type 2 input for each of 2 sites, you will have 4 groups or batches of input.

Fill out a "batch header" for each group of input forms.

1. Use a white participant input form batch header.

2. Fill in your program code and location code.

3. Fill in the number of input forms in the batch. Put the number in the far right boxes of BATCH NUMBER. Put zeroes in all the empty boxes to the left.

   Do not put more inputs together than you can staple securely.

4. Fill in the batch date. This will be the mailing date.

5. Place the Batch Header on top of the batch of original copies of input forms, and staple them all together once in the upper left-hand corner.

BATCH HEADER FOR PARTICIPANT INPUT FORMS

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

WIC

Special Supplemental Food Program For Women, Infants and Children

PARTICIPANT INPUT FORM

BATCH HEADER

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	BATCH NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
081	01	*R00037	1	04/10/84
1 3	4 5	6 11	14 1 - add 2 - change	15 20

EP 871

MAILING GUIDELINES FOR PARTICIPANT INPUT

SEND YOUR BATCHED INPUT FORMS TO THE STATE OFFICE REGULARLY AND FREQUENTLY, AT LEAST TWICE A WEEK, USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

IF YOU DON'T KNOW HOW LONG IT USUALLY TAKES THE POST OFFICE TO DELIVER YOUR INPUT TO THE STATE OFFICE, FIND OUT BY ASKING STATE STAFF TO CHECK THE STATE LOGBOOK.

TAKE MAILING TIME INTO ACCOUNT, AND ESTIMATE MAILING TIME GENEROUSLY.

It can take from several days to a week and a half for your input to be processed by the WIC computer system. There are two deadlines you need to be aware of in order to get up-to-date reports and vouchers.

WEEKLY

Reports reflecting participant input are produced weekly and are mailed to local programs on Monday (or Tuesday if Monday is a holiday.)

IF YOUR INPUT REACHES THE STATE OFFICE ON MONDAY, TUESDAY OR WEDNESDAY, YOU MAY EXPECT TO SEE IT ON THE REPORTS MAILED THE NEXT MONDAY.

IF YOUR INPUT REACHES THE STATE OFFICE ON THURSDAY OR FRIDAY, IT WILL APPEAR ON THE REPORTS MAILED A WEEK FROM THE FOLLOWING MONDAY.

MONTHLY

Vouchers and several reports are produced monthly and are delivered to local programs on or around the 24th of the month.

ACCURATE AND COMPLETE INPUT WHICH REACHES THE STATE OFFICE BY NOON OF INPUT CUTOFF DAY (ON OR AROUND THE 18TH OF THE MONTH) WILL BE REFLECTED IN THE MONTHLY REPORTS AND VOUCHERS DELIVERED ON THE 24TH.

CODES FOR PARTICIPANT INPUT FORMS

THE FOLLOWING TABLES CONTAIN ALL CODES NECESSARY FOR ACCURATE COMPLETION OF PARTICIPANT INPUT FORMS.

CODE LIST FOR LOCAL PROGRAMS AND SITES

PROGRAM NAME	PROGRAM CODE	SITE CODES (* site codes in use a/o 8/84)	
UPHAM'S CORNER WIC	002	* site 01	Upham's Corner Health Center
		* site 02	Little House Health Center
		* site 03	Bowdoin Street Health Center
		* site 05	Columbia Point Health Center
		site 06	McCormack Health Center
		* site 07	Codman Square Health Center
		site 08	South Boston Health Center
		* site 09	Dorchester House
		site 10	Upham's Corner WIC-Site 10
DORCHESTER/ROXBURY WIC	004	* site 01	Harvard Street Health Center
		* site 02	Roxbury Comprehensive Community Health Center
		site 03	Dorchester/Roxbury WIC-Site 03
SOUTH END WIC	005	* site 01	South End Health Center
		* site 02	South Cove Health Center
		* site 03	Dimock Street Health Center
		site 04	South End WIC-Site 04
CHARLESTOWN/CHELSEA WIC	007	* site 01	MGH-Bunker Hill Health Center
		* site 02	MGH-Memorial Health Center
		site 03	Charlestown/Chelsea WIC-Site 03
		site 04	Charlestown/Chelsea WIC-Site 04
JAMAICA PLAIN WIC	009	* site 01	Brookside Park Family Life Center
		* site 02	Southern Jamaica Plain Health Center
		* site 03	Martha Eliot Health Center
		site 04	Jamaica Plain WIC-Site 04
ROXBURY WIC	010	* site 01	Whittier Street Health Center
		* site 02	Parker Hill/Fenway
		* site 03	Roxbury Dental and Medical Center
		site 04	Mattapan Community Health Center
		site 05	Roxbury WIC-Site 05
		site 06	Roxbury WIC-Site 06
ALLSTON/BRIGHTON WIC	012	* site 01	Joseph Smith Health Center
		* site 03	St. Elizabeth's Hospital
		* site 04	Watertown Health Center
		site 05	Framingham Union Hospital
		* site 06	Newton Site
		site 07	Allston/Brighton WIC-Site 07
QUINCY WIC	013	* site 01	Quincy City Hospital
		site 02	Neponset Health Center
		site 03	Hyde Park Health Unit
		* site 04	Hull Medical Center
		site 05	Dedham/Norwood Site
		site 06	Quincy WIC-Site 06
		site 07	Quincy WIC-Site 07

CODE LIST FOR LOCAL PROGRAMS AND SITES, p. 2

PROGRAM NAME	PROGRAM CODE	SITE CODES (* site codes in use a/o 8/84)
SOUTH BOSTON WIC	016	* site 01 McCormack Health Center * site 02 South Boston Health Center site 03 South Boston WIC-Site 03
SOUTH DORCHESTER/ROSLINDALE WIC	017	* site 01 Neponset Health Center * site 02 Mattapan Health Center * site 03 Roslindale Health Center site 04 South Dorchester/Roslindale WIC-Site 04
SPRINGFIELD WIC	019	* site 01 Springfield WIC Office site 02 Springfield-Site 02 site 03 Springfield-Site 03 site 04 Springfield-Site 04 site 05 Springfield-Site 05
FRAMINGHAM WIC	041	* site 01 Framingham Union Hospital site 02 Framingham WIC-Site 01 site 03 Framingham WIC-Site 03 site 04 Framingham WIC-Site 04 site 05 Framingham WIC-Site 05
HOLYOKE/WESTFIELD WIC	042	* site 01 Holyoke Site * site 02 Westfield Site site 03 Holyoke/Westfield WIC-Site 03 site 04 Holyoke/Westfield WIC-Site 04
ATHOL WIC	043	* site 01 Athol Site * site 02 Gardner Site site 03 Athol WIC-Site 03 site 04 Athol WIC-Site 04 site 05 Athol WIC-Site 05
HAMPSHIRE COUNTY WIC	044	* site 01 Northampton Site * site 02 Huntington Site * site 03 Amherst Site * site 04 Easthampton Site site 05 Hampshire County WIC-Site 05
PLYMOUTH WIC	045	* site 01 Plymouth Site * site 02 Wareham Site * site 03 Middleboro Site * site 04 Marshfield Site site 05 Plymouth WIC-Site 05
BEVERLY/GLOUCESTER WIC	046	* site 01 Beverly * site 02 Gloucester * site 03 Peabody site 04 Beverly/Gloucester WIC-Site 04 site 05 Beverly/Gloucester WIC-Site 05

CODE LIST FOR LOCAL PROGRAMS AND SITES, p. 3

PROGRAM NAME	PROGRAM CODE	SITE CODES (* site codes in use a/o 8/84)
CHICOPEE/HOLYOKE WIC	050	* site 01 Chicopee Site
		* site 03 Holyoke Site
		site 04 Westfield Site
		site 05 Chicopee/Holyoke WIC-Site 05
CHICOPEE/HOLYOKE WIC	051	site 01 Chicopee Home Delivery
		site 04 Westfield Home Delivery
LOWELL WIC	053	* site 01 Lowell WIC-CTI-Site 01
		* site 02 Billerica-Site 02
		site 03 Lowell WIC-Site 03
LAWRENCE WIC	054	* site 01 GLCAC, Inc., WIC Program
		site 02 Lawrence WIC-Site 02
LYNN WIC	055	* site 01 Lynn Health Center
		* site 02 Point Neighborhood Comm. Services Center
		site 03 North Shore Community Health Center
		site 04 Beverly Hospital
		site 05 Child Development Programs of Cape Anne
		site 06 Lynn WIC-Site 06
		site 07 Lynn WIC-Site 07
		site 08 Lynn WIC-Site 08
SOMERVILLE/MEDFORD WIC	056	* site 01 Mystic Health Center
		* site 03 Wilmington Regional Health Center
		* site 04 Somerville Hospital
		* site 05 Union Square
		* site 07 Lawrence Memorial Hospital
		* site 09 Choate Hospital
		site 10 Somerville/Medford WIC-Site 10
CAMBRIDGE WIC	057	* site 03 Windsor Street Clinic
		* site 07 Fitzgerald Clinic
		* site 08 Waltham Hospital Site
		site 09 Cambridge WIC-Site 09
FALL RIVER WIC	058	* site 01 Fall River Comm. Dev. Service Center Inc.
		site 02 Fall River WIC-Site 02
BERKSHIRE WIC	059	* site 01 North Adams-85 Main Street
		* site 02 Adams Action Center
		* site 04 Williamstown
		* site 06 Dalton Community Center
		* site 07 Pittsfield-North Street
		* site 08 Lee Community Action
		* site 12 Great Barrington-CHP
		site 13 Berkshire WIC-Site 13

CODE LIST FOR LOCAL PROGRAMS AND SITES, p. 4

PROGRAM NAME	PROGRAM CODE	SITE CODES (* site codes in use a/o 8/84)
NEW BEDFORD WIC	060	* site 01 New Bedford WIC-Site 01
		site 02 New Bedford WIC-Site 02
		site 03 New Bedford WIC-Site 03
		site 04 New Bedford WIC-Site 04
HAVERHILL WIC	061	* site 01 Newburyport C.A.I. WIC
		* site 02 Amesbury C.A.I. WIC
		* site 03 Haverhill C.A.I. WIC
		site 04 Haverhill WIC-Site 04
WORCESTER WIC	062	* site 01 Great Brook Valley Health Center
		* site 02 Family Health & S.S. Center
		* site 03 School Age Mothers Program Site
		* site 04 Grafton Site
		* site 05 Access Program Site
		site 06 Worcester WIC-Site 06
		site 07 Worcester WIC-Site 07
FRANKLIN COUNTY WIC	063	* site 01 Visiting Nurse & Health Services
		site 02 Family Planning of Western Mass./Athol
		* site 03 Mohawk Valley Medical Ct/Shelburne Falls
		site 04 Northampton
		site 05 Worthington/Huntington
		site 06 Bangs Center/Amherst
		site 07 Easthampton
		site 08 Franklin County WIC-Site 08
		site 09 Franklin County WIC-Site 09
		site 10 Franklin County WIC-Site 10
NORTH CENTRAL WIC	064	* site 01 Leominster Site
		site 02 Ayer Site
		site 03 Gardner Site
		* site 04 Clinton Site
		* site 05 Fitchburg Site
		site 06 North Central WIC-Site 06
BROCKTON WIC	065	* site 01 Brockton
		site 02 Plymouth
		* site 03 Rockland
		site 04 Brockton WIC-Site 04
SOUTH CENTRAL WIC	066	* site 01 Southbridge/Harrington Hospital
		* site 02 Ware/Mary Lane Hospital
		* site 11 Webster/South County Pediatric Clinic
		* site 13 Milford/Milford-Whitinsville Hospital
		site 14 South Central WIC-Site 14
TAUNTON WIC	067	* site 01 Taunton
		site 02 Middleboro
		* site 03 Rehoboth/Seekonk
		* site 04 Attleboro
		site 05 Taunton WIC-Site 05

CODE LIST FOR LOCAL PROGRAMS AND SITES, p. 5

PROGRAM NAME	PROGRAM CODE	SITE CODES (* site codes in use a/o 8/84)
MALDEN/REVERE WIC	070	* site 01 The Malden Hospital WIC Program
		* site 02 The Revere WIC Program
		* site 03 Wakefield site
		site 04 Malden/Revere WIC-Site 04
		site 05 Malden/Revere WIC-Site 05
CAPE COD WIC	071	* site 01 Cape Cod WIC Program-Hyannis
		* site 02 Cape Cod WIC Program-Martha's Vineyard
		* site 03 Cape Cod WIC Program-Falmouth
		site 04 Wareham WIC Program
		* site 05 Cape Cod WIC Program-Provincetown
		* site 06 Cape Cod WIC Program-Nantucket
		* site 07 Cape Cod WIC Program-Otis
		site 08 Cape Cod WIC-Site 08
		site 09 Cape Cod WIC-Site 09
STATE WIC AGENCY	088	site 01 State Office Use

DPH TOWN CODE LISTING

CITY/TOWN	DPH TOWN CODE	CITY/TOWN	DPH TOWN CODE	CITY/TOWN	DPH TOWN CODE
Abington	001	Clarksburg	063	Harvard	125
Acton	002	Clinton	064	Harwich	126
Acushnet	003	Cohasset	065	Hatfield	127
Adams	004	Colrain	066	Haverhill	128
Agawam	005	Concord	067	Hawley	129
Alford	006	Conway	068	Heath	130
Amesbury	007	Cummington	069	Hingham	131
Amherst	008	Dalton	070	Hinsdale	132
Andover	009	Danvers	071	Holbrook	133
Arlington	010	Dartmouth	072	Holden	134
Ashburnham	011	Dedham	073	Holland	135
Ashby	012	Deerfield	074	Holliston	136
Ashfield	013	Dennis	075	Holyoke	137
Ashland	014	Dighton	076	Hopedale	138
Athol	015	Douglas	077	Hopkinton	139
Attleboro	016	Dover	078	Hubbardston	140
Auburn	017	Dracut	079	Hudson	141
Avon	018	Dudley	080	Hull	142
Ayer	019	Dunstable	081	Huntington	143
Barnstable	020	Duxbury	082	Ipswich	144
Barre	021	East Bridgewater	083	Kingston	145
Becket	022	East Brookfield	084	Lakeville	146
Bedford	023	East Longmeadow	085	Lancaster	147
Belchertown	024	Eastham	086	Lanesborough	148
Bellingham	025	Easthampton	087	Lawrence	149
Belmont	026	Easton	088	Lee	150
Berkley	027	Edgartown	089	Leicester	151
Berlin	028	Egremont	090	Lenox	152
Bernardston	029	Erving	091	Leominster	153
Beverly	030	Essex	092	Leverett	154
Billerica	031	Everett	093	Lexington	155
Blackstone	032	Fairhaven	094	Leyden	156
Blandford	033	Fall River	095	Lincoln	157
Bolton	034	Falmouth	096	Littleton	158
Boston	035	Fitchburg	097	Longmeadow	159
Bourne	036	Florida	098	Lowell	160
Boxborough	037	Foxborough	099	Ludlow	161
Boxford	038	Framingham	100	Lunenburg	162
Boylston	039	Franklin	101	Lynn	163
Braintree	040	Freetown	102	Lynnfield	164
Brewster	041	Gardner	103	Malden	165
Bridgewater	042	Gay Head	104	Manchester	166
Brimfield	043	Georgetown	105	Mansfield	167
Brockton	044	Gill	106	Marblehead	168
Brookfield	045	Gloucester	107	Marion	169
Brookline	046	Goshen	108	Marlborough	170
Buckland	047	Gosnold	109	Marshfield	171
Burlington	048	Grafton	110	Mashpee	172
Cambridge	049	Granby	111	Mattapoisett	173
Canton	050	Granville	112	Maynard	174
Carlisle	051	Great Barrington	113	Medfield	175
Carver	052	Greenfield	114	Medford	176
Charlemont	053	Groton	115	Medway	177
Charlton	054	Groveland	116	Melrose	178
Chatham	055	Hadley	117	Mendon	179
Chelmsford	056	Halifax	118	Merrimac	180
Chelsea	057	Hamilton	119	Methuen	181
Cheshire	058	Hampden	120	Middleborough	182
Chester	059	Hancock	121	Middlefield	183
Chesterfield	060	Hanover	122	Middleton	184
Chicopee	061	Hanson	123	Milford	185
Chilmark	062	Hardwick	124	Millbury	186

DPH TOWN CODE LISTING, p. 2

CITY/TOWN	DPH TOWN CODE
Millis	187
Millville	188
Milton	189
Monroe	190
Monson	191
Montague	192
Monterey	193
Montgomery	194
Mount Washington	195
Nahant	196
Nantucket	197
Natick	198
Needham	199
New Ashford	200
New Bedford	201
New Braintree	202
New Marlborough	203
New Salem	204
Newbury	205
Newburyport	206
Newton	207
Norfolk	208
North Adams	209
North Andover	210
North Attleboro	211
North Brookfield	212
North Reading	213
Northampton	214
Northborough	215
Northbridge	216
Northfield	217
Norton	218
Norwell	219
Norwood	220
Oak Bluffs	221
Oakham	222
Orange	223
Orleans	224
Otis	225
Oxford	226
Palmer	227
Paxton	228
Peabody	229
Pelham	230
Pembroke	231
Pepperell	232
Peru	233
Petersham	234
Phillipston	235
Pittsfield	236
Plainsfield	237
Plainsville	238
Plymouth	239
Plympton	240
Princeton	241
Provincetown	242
Quincy	243
Randolph	244
Rayham	245
Reading	246
Rehoboth	247
Revere	248
Richmond	249
Rochester	250
Rockland	251
Rockport	252
Rowe	253
Rowley	254
Royalston	255
Russell	256
Rutland	257
Salem	258
Salisbury	259
Sandisfield	260
Sandwich	261
Saugus	262
Savoy	263
Scituate	264
Seekonk	265
Sharon	266
Sheffield	267
Shelburne	268
Sherborn	269
Shirley	270
Shrewsbury	271
Shutesbury	272
Somerset	273
Somerville	274
South Hadley	275
Southampton	276
Southborough	277
Southbridge	278
Southwick	279
Spencer	280
Springfield	281
Sterling	282
Stockbridge	283
Stoneham	284
Stoughton	285
Stow	286
Sturbridge	287
Sudbury	288
Sunderland	289
Sutton	290
Swampscott	291
Swansea	292
Taunton	293
Templeton	294
Tewksbury	295
Tisbury	296
Tolland	297
Topsfield	298
Townsend	299
Truro	300
Tyngsborough	301
Tyringham	302
Upton	303
Uxbridge	304
Wakefield	305
Wales	306
Walpole	307
Waltham	308
Ware	309
Wareham	310
Warren	311
Warwick	312
Washington	313
Watertown	314
Wayland	315
Webster	316
Wellesley	317
Wellfleet	318
Wendell	319
Wenham	320
West Boylston	321
West Bridgewater	322
West Brookfield	323
West Newbury	324
West Springfield	325
West Stockbridge	326
West Tisbury	327
Westborough	328
Westfield	329
Westford	330
Westhampton	331
Westminister	332
Weston	333
Westport	334
Westwood	335
Weymouth	336
Whately	337
Whitman	338
Wilbraham	339
Williamsburg	340
Williamstown	341
Wilmington	342
Winchedon	343
Winchester	344
Windsor	345
Winthrop	346
Woburn	347
Worcester	348
Worthington	349
Wrentham	350
Yarmouth	351

PARTICIPANT INPUT FORM CODES

FIELD	CODE	DEFINITION
1. RACE	A	White, not of Hispanic origin
	B	Black, not of Hispanic origin
	C	Hispanic
	D	American Indian or Alaskan Native
	E	Asian or Pacific Islander
2. SOURCE OF HEALTH CARE	A	WIC Agency
	B	Other health care agency
	C	Private physician
	D	None
3. TERMINATION CODES	1	Automatic termination, including: a. a child on his/her 5th birthday b. a postpartum non-nursing woman at 6 months postpartum c. a postpartum nursing woman at 1 year postpartum d. a pregnant woman 90 days after her expected delivery date, if she has not been changed to postpartum status, and if her delivery date has not been entered e. a participant 9 months after last certification, if no new recertification date has been input
	2	The participant is no longer at nutritional risk.
	3	The participant has moved from the area serviced by your program, or has transferred to another program.
	4	Non-use of issued vouchers; no voucher pick-up for 60 days
	5	Participant failed to attend repeat certification appointment.
	6	Dropped identification number, new number assigned.
	7	No longer income eligible.
	8	At nutritional risk; currently certifying only higher priorities. Other (voluntary withdrawal, death, etc.)
	9	Stop activity - possible fraud situation. The record will remain on the participant file until the code is changed but additional vouchers will not be produced.
4. HOME DELIVERY PROGRAM USE CODES - Not currently used.	MO	Monday
	TU	Tuesday
	WD	Wednesday
	TH	Thursday
	FR	Friday
	SA	Saturday
	SU	Sunday
		Entries should be made sequentially from the left without spacing. Example: MOWDSA.
5. PARTICIPANT TYPE	W	Woman
	I	Infant
	C	Child

PARTICIPANT INPUT FORM CODES, p. 2

FIELD	CODE	DEFINITION
6. WOMAN'S STATUS	1 2 3	Pregnant Postpartum, not nursing Postpartum, nursing Leave blank for infants and children.
7. NUTRITIONAL OBSTETRICAL RISK		Not currently used.
8. INITIAL FOOD INTAKE		Not currently used.
9. ENDING FOOD INTAKE		Not currently used.
10. NUTRITIONAL CARE		Not currently used.
11. NUTRITIONAL VISITS		Not currently used.

FIELD	INPUT CODE	PRIORITY
12. PRIORITY	1XX	I
	1XP	I - prevent regression
	2XX	II
	2XP	II - prevent regression
	3AX	IIIA
	3AP	IIIA - prevent regression
	3BX	IIIB
	3BP	IIIB - prevent regression
	3CX	IIIC
	3CP	IIIC - prevent regression
	4XX	IV
	4XP	IV - prevent regression
	5AX	VA
	5AP	VA - prevent regression
	5BX	VB
	5BP	VB - prevent regression
	6XX	VI

FIELD	CODE	DEFINITION
13. HGB LEVEL		Not currently used
14. HCT LEVEL		Not currently used
15. NUMBER OF PRENATAL VISITS		Not currently used

PARTICIPANT MANAGEMENT REPORTS

THE WIC COMPUTER SYSTEM PRODUCES WEEKLY AND MONTHLY MANAGEMENT REPORTS WHICH CONTAIN USEFUL AND NECESSARY INFORMATION ABOUT PARTICIPANTS. EACH REPORT CONTAINS INFORMATION WHICH HAS BEEN SUBMITTED ON PARTICIPANT INPUT FORMS AND PROCESSED BY THE COMPUTER.

There are 3 weekly management reports containing participant information:

1. Recipient Update Listing
2. Recipient Edit Listing
3. Recipient Update Rejects

There are 2 monthly management reports containing participant information:

1. Participant Report
2. Recipient Listing by Identification Number

USING WEEKLY PARTICIPANT MANAGEMENT REPORTS

THE WEEKLY RECIPIENT UPDATE, EDIT, AND REJECT LISTINGS SHOULD BE USED REGULARLY TO KEEP YOUR PARTICIPANT MASTERFILE AS UP-TO-DATE AS POSSIBLE.

THE WEEKLY PARTICIPANT REPORTS REFLECT ALL PARTICIPANT INPUT RECEIVED AT THE STATE WIC OFFICE BY NOON ON WEDNESDAY OF THE PREVIOUS WEEK.

The Participant Masterfile must be kept up-to-date for several reasons.

1. It controls monthly production of computer-generated vouchers. Thus, if it is kept as accurate and as current as possible, the need for manual vouchers is reduced.

2. It contains useful information about participants such as their date of certification.

3. It generates statistics on participation which the State WIC Office uses to request and/or support funding levels.

Use the weekly participant management reports to determine which participant input was accepted onto the Participant Masterfile. The following procedure is recommended to insure that all participant input which wasn't accepted onto the Participant Masterfile is found and corrected.

1. Retain yellow input copies in batches as mailed until appropriate weekly reports arrive.

2. Compare yellow input copies with Recipient Update Listing to determine which inputs were accepted and to be sure accepted information is correct. (Warning: It is possible for participant input to be "accepted" and to appear on the Participant Update Listing and then not appear on the next month's Participant Report. This will occur when an "old" recertification date is input, for example if 01/05/84 is input instead of 01/05/85. This will also occur if an "old" certification date and no recertification date is input on a Type 1 input for a transfer.)

3. Compare remaining yellow input copies with the Edit and Reject Listings. Make corrections and resubmit input.

4. Yellow input copies which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code or are missing the ✓ in "check for change" box.

WIC RECIPIENT UPDATE LISTING

THE WIC RECIPIENT UPDATE LISTING LISTS EVERY PARTICIPANT RECORD WHICH HAS BEEN ACCEPTED AND POSTED TO THE WIC PARTICIPANT MASTERFILE AS EITHER AN ADD (TRANSACTION TYPE 1) OR A CHANGE (TRANSACTION TYPE 2) DURING ONE INPUT CYCLE (7 DAYS).

The Recipient Update Listing contains all the information from the participant input form. The participants are listed by identification number in ascending order.

The Recipient Update Listing should be used weekly to be sure that the information on your input forms was keypunched correctly. If there are errors in the participant information contained on the Recipient Update, the error information can be changed by submitting a Trans. Type 2 input form with the correct information.

Reading the Recipient Update Listing

FIRST COLUMN

First line:	Tells you whether the input was an add (ADD) or a change (CHG) or automatic computer change (WIC CHG)
Third line:	"Coded" is the way the computer refers to the batch date of the input form

SECOND COLUMN

First line:	Participant identification number
Third line:	Batch date

THIRD COLUMN

First line:	Participant last name, first name
Second line:	Participant's street address
Third line:	Participant's city or town and zip code
Fourth line:	Participant's telephone number, DPH town code and Boston census tract number
Fifth line:	Name of participant's guardian or authorized representative, last name and first name
Sixth line:	Household code number

FOURTH COLUMN

First line: Participant type: woman, infant or child
Second line: Sex of participant and race of participant
Third line: Source of health care and number of family members
Fourth line: Birthdate of WIC participant (for infants and children) or birthdate of infant for postpartum woman
Fifth line: Expected delivery date (for pregnant women)
Sixth line: Vendor number (for home delivery programs; not currently used)
Seventh line: Prenatal visit (not customarily used)

FIFTH COLUMN

First line: Status (for women): Pregnant, Post Nursing, Post Not Nursing
Second line: Day assigned for voucher pickup
Third line: Food package number assigned to participant
Fourth line: Program use codes (for home delivery programs; not currently used)
Fifth line: Nutritional risk (not customarily used)
Sixth line: Initial food intake (not customarily used)
Seventh line: Ending food intake (not customarily used)

SIXTH COLUMN

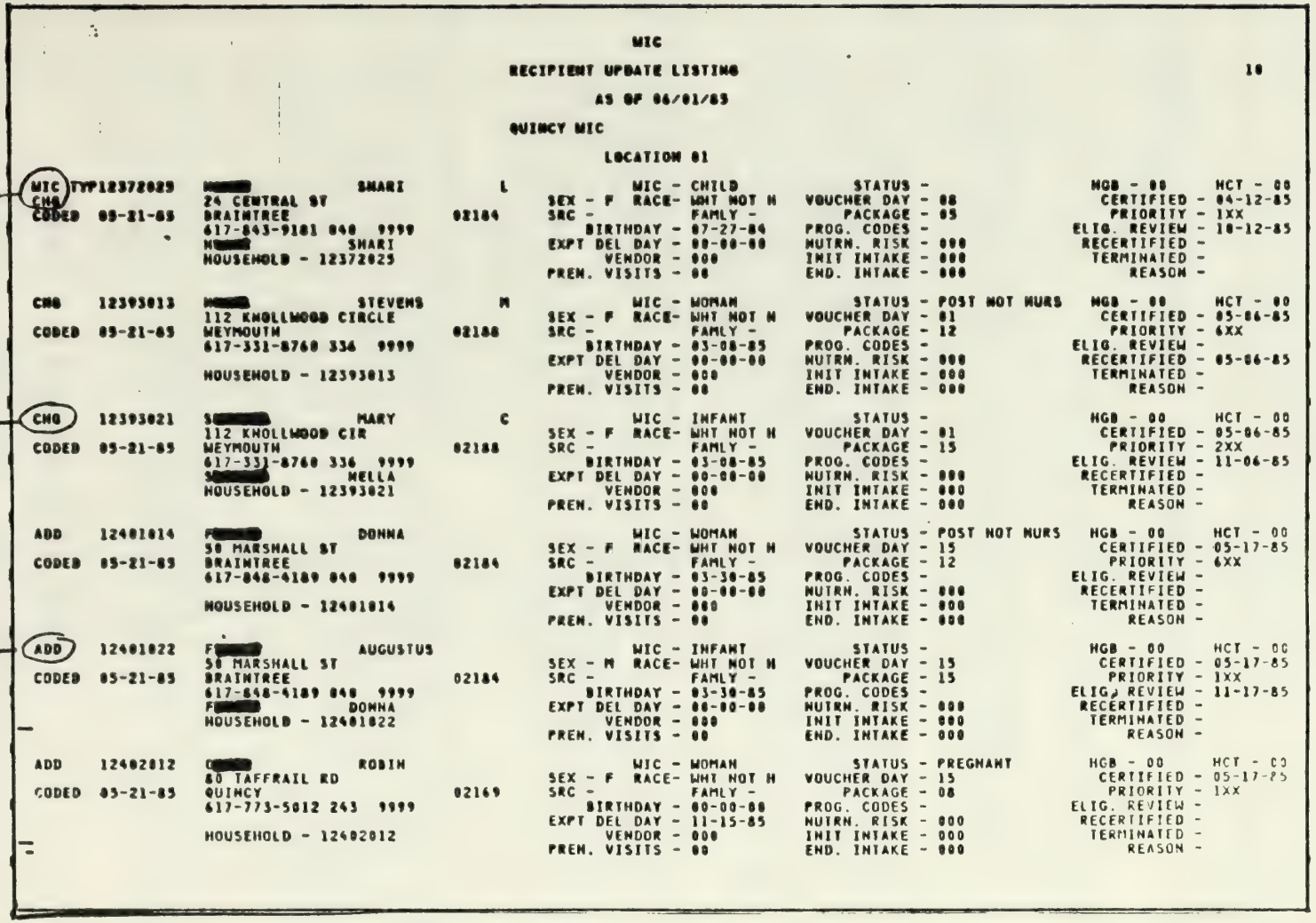
First line: Hgb level and Hct level (not customarily used)
Second line: Certification date
Third line: Priority: current priority of participant
Fourth line: Eligibility review date: date on which repeat certification should be scheduled
Fifth line: Date of most recent certification
Sixth line: Date of termination
Seventh line: Code for reason of termination

RECIPIENT UPDATE LISTING

automatic computer change

Type 2 change

Type 1 add



WIC

RECIPIENT UPDATE LISTING 10

AS OF 06/01/85

QUINCY WIC

LOCATION 01

MIC	TYP 12372025	[redacted]	SHARI	L	WIC - CHILD	STATUS -	HGB - 00	HCT - 00
CHG		24 CENTRAL ST			SEX - F RACE- WHT NOT H	VOUCHER DAY - 08	CERTIFIED - 04-12-85
CODED	05-21-85	BRAINTREE		02184	SRC - FAMLY -	PACKAGE - 05	PRIORITY - 1XX
		617-843-9181 048 9999			BIRTHDAY - 07-27-84	PROG. CODES -	ELIG. REVIEW - 10-12-85
		[redacted]	SHARI		EXPT DEL DAY - 00-00-00	NUTRN. RISK - 000	RECERTIFIED -
		HOUSEHOLD - 12372025			VENDOR - 000	INIT INTAKE - 000	TERMINATED -
					PREN. VISITS - 00	END. INTAKE - 000	REASON -
CHG	12393013	[redacted]	STEVENS	M	WIC - WOMAN	STATUS - POST NOT NURS	HGB - 00	HCT - 00
		112 KNOLLWOOD CIRCLE			SEX - F RACE- WHT NOT H	VOUCHER DAY - 01	CERTIFIED - 05-06-85
CODED	05-21-85	WEYMOUTH		02188	SRC - FAMLY -	PACKAGE - 12	PRIORITY - 6XX
		617-331-8760 336 9999			BIRTHDAY - 03-08-85	PROG. CODES -	ELIG. REVIEW -
					EXPT DEL DAY - 00-00-00	NUTRN. RISK - 000	RECERTIFIED - 05-06-85
		HOUSEHOLD - 12393013			VENDOR - 000	INIT INTAKE - 000	TERMINATED -
					PREN. VISITS - 00	END. INTAKE - 000	REASON -
CHG	12393021	[redacted]	MARY	C	WIC - INFANT	STATUS -	HGB - 00	HCT - 00
		112 KNOLLWOOD CIR			SEX - F RACE- WHT NOT H	VOUCHER DAY - 01	CERTIFIED - 05-06-85
CODED	05-21-85	WEYMOUTH		02188	SRC - FAMLY -	PACKAGE - 15	PRIORITY - 2XX
		617-331-8760 336 9999			BIRTHDAY - 03-08-85	PROG. CODES -	ELIG. REVIEW - 11-06-85
		[redacted]	MELLA		EXPT DEL DAY - 00-00-00	NUTRN. RISK - 000	RECERTIFIED -
		HOUSEHOLD - 12393021			VENDOR - 000	INIT INTAKE - 000	TERMINATED -
					PREN. VISITS - 00	END. INTAKE - 000	REASON -
ADD	12401014	[redacted]	DONNA		WIC - WOMAN	STATUS - POST NOT NURS	HGB - 00	HCT - 00
		50 MARSHALL ST			SEX - F RACE- WHT NOT H	VOUCHER DAY - 15	CERTIFIED - 05-17-85
CODED	05-21-85	BRAINTREE		02184	SRC - FAMLY -	PACKAGE - 12	PRIORITY - 6XX
		617-848-4189 048 9999			BIRTHDAY - 03-30-85	PROG. CODES -	ELIG. REVIEW -
					EXPT DEL DAY - 00-00-00	NUTRN. RISK - 000	RECERTIFIED -
		HOUSEHOLD - 12401014			VENDOR - 000	INIT INTAKE - 000	TERMINATED -
					PREN. VISITS - 00	END. INTAKE - 000	REASON -
ADD	12401022	[redacted]	AUGUSTUS		WIC - INFANT	STATUS -	HGB - 00	HCT - 00
		50 MARSHALL ST			SEX - M RACE- WHT NOT H	VOUCHER DAY - 15	CERTIFIED - 05-17-85
CODED	05-21-85	BRAINTREE		02184	SRC - FAMLY -	PACKAGE - 15	PRIORITY - 1XX
		617-848-4189 048 9999			BIRTHDAY - 03-30-85	PROG. CODES -	ELIG. REVIEW - 11-17-85
		[redacted]	DONNA		EXPT DEL DAY - 00-00-00	NUTRN. RISK - 000	RECERTIFIED -
		HOUSEHOLD - 12401022			VENDOR - 000	INIT INTAKE - 000	TERMINATED -
					PREN. VISITS - 00	END. INTAKE - 000	REASON -
ADD	12402012	[redacted]	ROBIN		WIC - WOMAN	STATUS - PREGNANT	HGB - 00	HCT - 00
		80 TAFFRAIL RD			SEX - F RACE- WHT NOT H	VOUCHER DAY - 15	CERTIFIED - 05-17-85
CODED	05-21-85	QUINCY		02169	SRC - FAMLY -	PACKAGE - 08	PRIORITY - 1XX
		617-773-5012 243 9999			BIRTHDAY - 00-00-00	PROG. CODES -	ELIG. REVIEW -
					EXPT DEL DAY - 11-15-85	NUTRN. RISK - 000	RECERTIFIED -
		HOUSEHOLD - 12402012			VENDOR - 000	INIT INTAKE - 000	TERMINATED -
					PREN. VISITS - 00	END. INTAKE - 000	REASON -

WIC RECIPIENT EDIT LISTING

THE WIC RECIPIENT EDIT LISTING RECORDS ERRORS THAT WERE MADE ON PARTICIPANT INPUT FORMS.

The Recipient Edit Listing records 3 types of errors on participant input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED The entire record was rejected by the computer due to an error in a critical field. The record as it appears on the input form is printed with the code 1, 2, 3, 4, or 5 appearing under each character in a field where data is missing or unacceptable. The key to the code is at the bottom of the page. Redo the entire record on a particpant input form; correct or fill in the missing data.

ACCEPTED The record was accepted as is; however, there is an error in a non-critical field. The code 1, 2, 3, 4 or 5 appears under each character in a non-critical field where data is missing or unacceptable. Correct or fill in the missing data on a participant input form, put a ✓ in the appropriate box(es) on the left side, fill in the header and submit the input form as a Type 2 transaction.

DUPLICATE LINE NUMBER * CARD REJECTED Two participant inputs, each with the same participant identification number and with data on the same line(s), were submitted within the same input cycle. In this case, data from lines 1, 3, and 5 of the first input and from lines 2 and 4 of the second input were accepted and appear on the Recipient Update Listing. Data from lines 2 and 4 of the first input and from lines 1, 3, and 5 of the second input were rejected and are printed on the Recipient Edit Listing.

To determine which data was accepted and which was rejected, isolate the participant ID number and line number by breaking down the unspaced 21 digits on the far left side into fields as used on the input form.

EXAMPLE: 013/01/40273126/1/051684/2

Program code	Site Code	ID#	Type	Batch date	Line #
013	01	40273126	1	051684	2

Use the Participant ID# to locate the 2 yellow input copies and the accepted record on the Recipient Update Listing. Use the Recipient Update Listing, the Edit Listing and the 2 yellow input copies to determine what corrections need to be made.

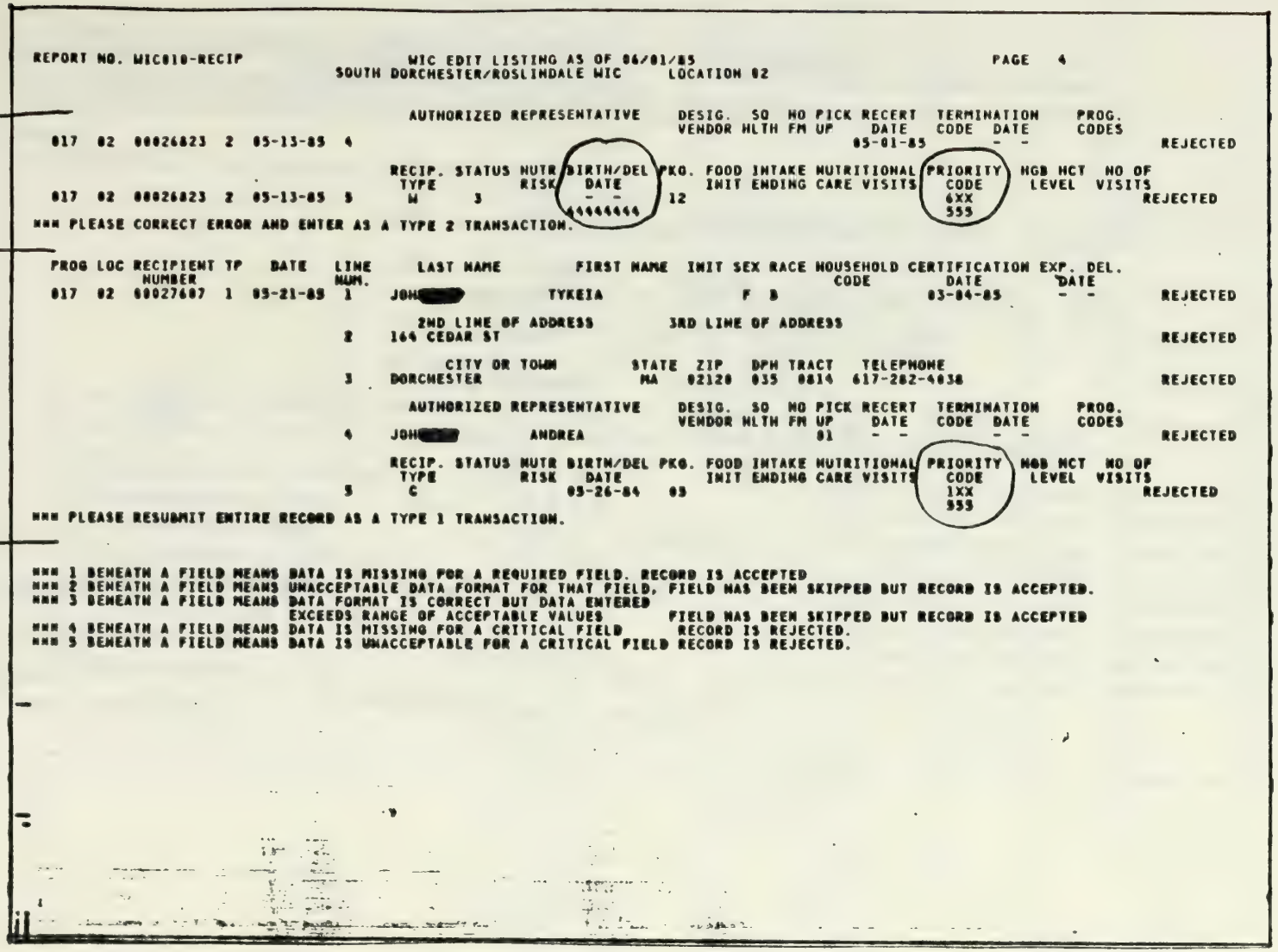
2 Type 2's - Use a Type 2 transaction to enter the information from either input copy which doesn't appear or is incorrect on the Recipient Update Listing.

2 Type 1's - If identical inputs were submitted and the record on the Recipient Update Listing is correct, do nothing.

If records for 2 different participants were submitted with the same participant ID#:

1. Use a Type 2 transaction to correct lines 1, 3, and 5 or lines 2 and 4 of the record that appears in the Recipient Update Listing so that this record will match one of the inputs.

2. Use a Type 1 transaction and an unused participant ID # to resubmit all the information from the other input.



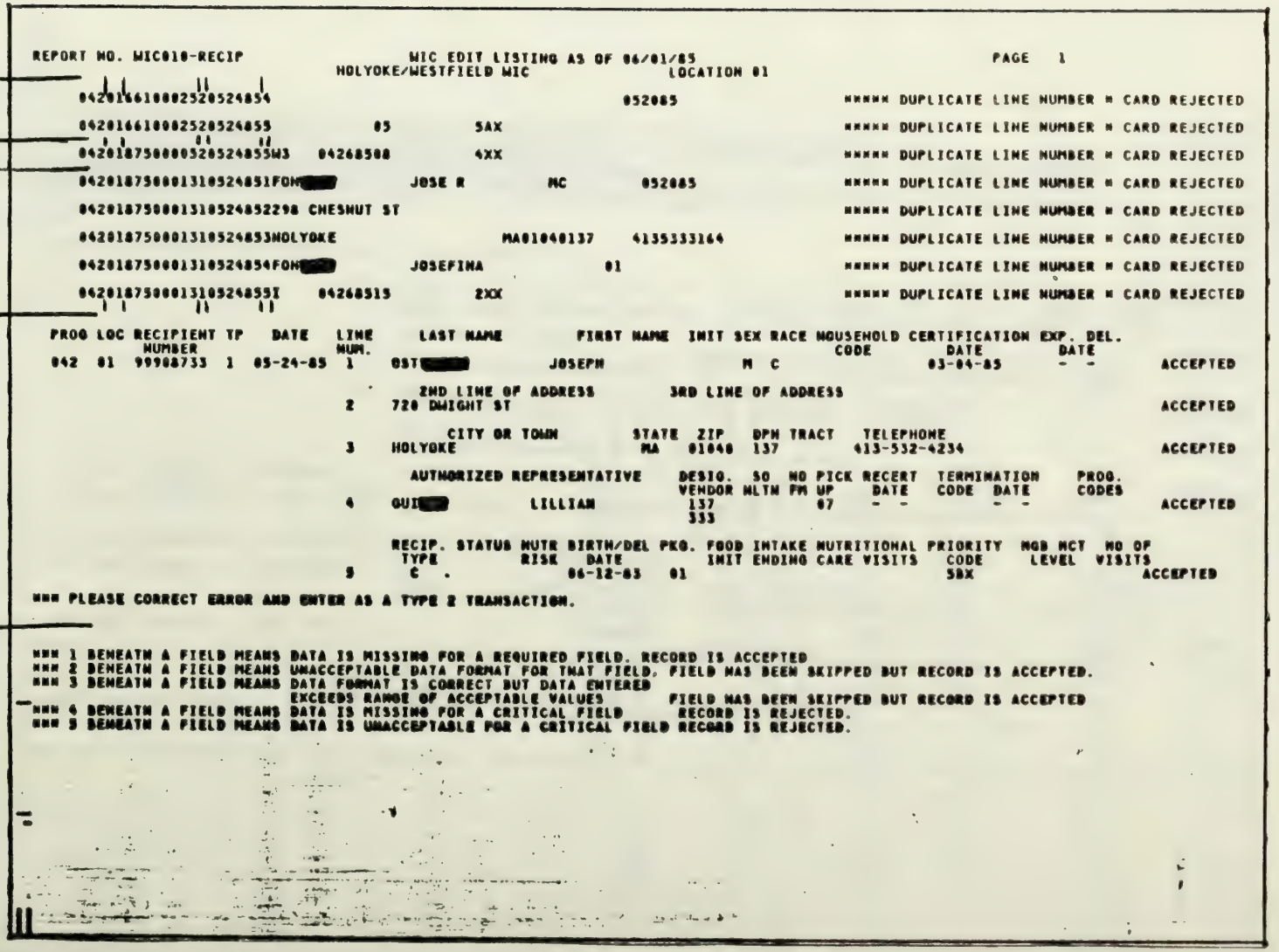
```
REPORT NO. WIC010-RECIP                WIC EDIT LISTING AS OF 06/01/85                    PAGE   4
                                SOUTH DORCHESTER/ROSLINDALE WIC     LOCATION 02

                                        AUTHORIZED REPRESENTATIVE    DESIG.  SQ  NO PICK RECERT  TERMINATION    PROG.
                                                                     VENDOR HLTH FM UP   DATE   CODE  DATE     CODES
  017  02  00026823  2  05-13-85  4                                                    05-01-85      -  -                  REJECTED

                                RECIP.  STATUS NUTR BIRTH/DEL PKG. FOOD INTAKE NUTRITIONAL PRIORITY  HGB HCT  NO OF
                                 TYPE          RISK    DATE       INIT ENDING CARE VISITS  CODE     LEVEL  VISITS
  017  02  00026823  2  05-13-85  5      M      3       - -      12                          6XX                      REJECTED
                                                      44444444                            555
### PLEASE CORRECT ERROR AND ENTER AS A TYPE 2 TRANSACTION.

  PROG LOC RECIPIENT TP   DATE   LINE     LAST NAME        FIRST NAME  INIT SEX RACE HOUSEHOLD CERTIFICATION EXP. DEL.
           NUMBER                NUM.                                      CODE        DATE          DATE
  017  02  00027687  1  05-21-85  1   JOH[redacted]          TYKEIA              F  B                 03-04-85      -  -      REJECTED

                                      2ND LINE OF ADDRESS        3RD LINE OF ADDRESS
                                  2   164 CEDAR ST                                                                        REJECTED

                                        CITY OR TOWN         STATE  ZIP   DPH TRACT   TELEPHONE
                                  3   DORCHESTER             MA    02120  035  0814  617-282-4038                       REJECTED

                                        AUTHORIZED REPRESENTATIVE    DESIG.  SQ  NO PICK RECERT  TERMINATION    PROG.
                                                                     VENDOR HLTH FM UP   DATE   CODE  DATE     CODES
                                  4   JOH[redacted]          ANDREA                       01      -  -          -  -      REJECTED

                                RECIP.  STATUS NUTR BIRTH/DEL PKG. FOOD INTAKE NUTRITIONAL PRIORITY  HGB HCT  NO OF
                                 TYPE          RISK    DATE       INIT ENDING CARE VISITS  CODE     LEVEL  VISITS
                                  5      C              05-26-84   03                          1XX                      REJECTED
                                                                                             555
### PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

### 1 BENEATH A FIELD MEANS DATA IS MISSING FOR A REQUIRED FIELD. RECORD IS ACCEPTED
### 2 BENEATH A FIELD MEANS UNACCEPTABLE DATA FORMAT FOR THAT FIELD, FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED.
### 3 BENEATH A FIELD MEANS DATA FORMAT IS CORRECT BUT DATA ENTERED
                          EXCEEDS RANGE OF ACCEPTABLE VALUES       FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED
### 4 BENEATH A FIELD MEANS DATA IS MISSING FOR A CRITICAL FIELD     RECORD IS REJECTED.
### 5 BENEATH A FIELD MEANS DATA IS UNACCEPTABLE FOR A CRITICAL FIELD RECORD IS REJECTED.
```

(0)

(2)

RECIPIENT EDIT LISTING

PART V: FOOD DELIVERY
SECTION A.3b(1b)
PAGE: 3
DATE: 8/85



```
REPORT NO. WIC010-RECIP                WIC EDIT LISTING AS OF 06/01/85                          PAGE   1
                                    HOLYOKE/WESTFIELD WIC                 LOCATION 01

(1)  042016610002520524854                                          052085          ***** DUPLICATE LINE NUMBER * CARD REJECTED
     042016610002520524855          05          5AX                                 ***** DUPLICATE LINE NUMBER * CARD REJECTED
(2)  042018750000320524855W3   04268508          4XX                                 ***** DUPLICATE LINE NUMBER * CARD REJECTED
     042018750001310524851FON[redacted]          JOSE R          MC        052085    ***** DUPLICATE LINE NUMBER * CARD REJECTED
     042018750001310524852298 CHESHUT ST                                            ***** DUPLICATE LINE NUMBER * CARD REJECTED
(3)  042018750001310524853HOLYOKE                    MA01040137    4135333164      ***** DUPLICATE LINE NUMBER * CARD REJECTED
     042018750001310524854FON[redacted]          JOSEFINA             01            ***** DUPLICATE LINE NUMBER * CARD REJECTED
     042018750001310524855I    04268515          2XX                               ***** DUPLICATE LINE NUMBER * CARD REJECTED

 PROG LOC RECIPIENT TP   DATE   LINE     LAST NAME        FIRST NAME  INIT SEX RACE HOUSEHOLD CERTIFICATION EXP. DEL.
          NUMBER                NUM.                                        CODE        DATE          DATE
 042  01  99908733  1  05-24-85  1    OST[redacted]        JOSEPH              M  C                 03-04-85      -  -          ACCEPTED

                                      2ND LINE OF ADDRESS        3RD LINE OF ADDRESS
                                  2   720 DWIGHT ST                                                                  ACCEPTED

                                        CITY OR TOWN         STATE  ZIP   DPN TRACT   TELEPHONE
(4)                               3   HOLYOKE                MA    01040  137        413-532-4234                   ACCEPTED

                                    AUTHORIZED REPRESENTATIVE    DESIG.  SO  NO PICK RECERT  TERMINATION    PROG.
                                                                 VENDOR  MLTH PM UP   DATE   CODE  DATE     CODES
                                  4   GUI[redacted]        LILLIAN      137          07     -  -          -  -          ACCEPTED
                                                                 333

                                      RECIP.  STATUS NUTR BIRTH/DEL PKG. FOOD INTAKE NUTRITIONAL PRIORITY  MOB MCT  NO OF
                                       TYPE          RISK   DATE        INIT ENDING CARE VISITS   CODE     LEVEL  VISITS
                                  5     C   .            06-12-83  01                              58X                 ACCEPTED

*** PLEASE CORRECT ERROR AND ENTER AS A TYPE 2 TRANSACTION.

*** 1 BENEATH A FIELD MEANS DATA IS MISSING FOR A REQUIRED FIELD. RECORD IS ACCEPTED
*** 2 BENEATH A FIELD MEANS UNACCEPTABLE DATA FORMAT FOR THAT FIELD. FIELD WAS BEEN SKIPPED BUT RECORD IS ACCEPTED.
*** 3 BENEATH A FIELD MEANS DATA FORMAT IS CORRECT BUT DATA ENTERED
                           EXCEEDS RANGE OF ACCEPTABLE VALUES       FIELD WAS BEEN SKIPPED BUT RECORD IS ACCEPTED
*** 4 BENEATH A FIELD MEANS DATA IS MISSING FOR A CRITICAL FIELD      RECORD IS REJECTED.
*** 5 BENEATH A FIELD MEANS DATA IS UNACCEPTABLE FOR A CRITICAL FIELD RECORD IS REJECTED.
```

RECIPIENT EDIT LISTING

WIC RECIPIENT UPDATE REJECTS LISTING

THE WIC RECIPIENT UPDATE REJECTS LISTING LISTS ERRORS INVOLVING THE PARTICIPANT IDENTIFICATION NUMBER.

There are two types of errors flagged under REJECT DESCRIPTION in the WIC Recipient Update Rejects Listing:

1. DUPLICATE TRANS TYPE ADD - The computer has rejected a Type 1 input with a participant ID # which duplicates the participant ID number of a participant already recorded in the Participant Masterfile. (This latter participant is listed as ACTIVE or INACTIVE in the most recent Participant Report and also appears on the most recent Recipient Listing by ID number.) Redo the entire Type 1 participant input using an unused participant ID number.

2. NO MATCH TRANS TYPE CHG - The computer has rejected a Type 2 input with a participant ID number which doesn't exist in the Participant Masterfile. If the participant's name has been written on the Type 2 input (See NOTE in Part V, Section A.3a(2), CHANGING INFORMATION ON A PARTICIPANT RECORD), find the participant's correct ID number in the Participant Report and resubmit the Type 2 input using the correct ID number.

This ID number doesn't exist in the masterfile; therefore no change can be made.

WIC RECIPIENT UPDATE REJECTS 06/01/85 PAGE 1

BROCKTON WIC

		RECIPIENT IDENTIFICATION			REJECT DESCRIPTION		
865	01	12867039	SCH[redacted]	MICHAEL	REJECT REASON	NO MATCH	TRANS TYPE CHG
865	01	14218028	HUD[redacted]	GREGORY	REJECT REASON	DUPLICATE	TRANS TYPE ADD
865	01	14218036	HUD[redacted]	CHRISTOPHER	REJECT REASON	DUPLICATE	TRANS TYPE ADD
865	01	14514020	ROD[redacted]	ALEAH	REJECT REASON	NO MATCH	TRANS TYPE CHG

This ID number is already being used in the Participant Masterfile. (Check Recipient Listing by ID number)

USING MONTHLY PARTICIPANT MANAGEMENT REPORTS

THE PARTICIPANT REPORT AND RECIPIENT LISTING BY IDENTIFICATION NUMBER CONTAIN INFORMATION USEFUL IN MANAGING THE LOCAL WIC PROGRAM.

THESE REPORTS ARE PRODUCED AT THE SAME TIME VOUCHERS ARE CREATED AND ARE SENT TO THE LOCAL WIC PROGRAM WITH THE VOUCHERS ON OR AROUND THE 24TH OF THE MONTH.

THE MONTHLY PARTICIPANT REPORTS REFLECT ALL PARTICIPANT INPUT RECEIVED AT THE STATE WIC OFFICE BY INPUT CUTOFF DAY, ON OR AROUND THE 18TH OF THE MONTH.

RECIPIENT LISTING BY IDENTIFICATION NUMBER

THE RECIPIENT LISTING LISTS ALL PARTICIPANTS, BOTH ACTIVE AND INACTIVE, IN ASCENDING IDENTIFICATION NUMBER ORDER. IT ALSO LISTS EACH PARTICIPANT'S HOUSEHOLD CODE.

NO NUMBER ON THIS LIST MAY BE ASSIGNED TO A NEW PARTICIPANT.

The Recipient Listing is also called the ID Listing. It is generated by program and site.

Use your Recipient Listing to look up the name assigned to a specific ID number.

. T NO. WIC020-Q

RECIPIENT LISTING

PAGE 614

MONTH OF MAY

SHATTUCK HOSPITAL WIC PROG

SITE 03

IN RECIPIENT ID NUMBER ORDER

ECIPIENT D NUMBER	RECIPIENT NAME			HOUSEHOLD NUMBER	RECIPIENT ID NUMBER	RECIPIENT NAME			HOUSEHOLD NUMBER
1177017	RO[redacted]	MAUREEN		31177017	31177025	RO[redacted]	JACLYN		31177025
1177033	RO[redacted]	WILLIAM	J	31177033	31178023	RI[redacted]	JOSHUA		31178023
1179013	PU[redacted]	KATHLEEN		31179013	31179021	PU[redacted]	MATTHEW		31179021
1179039	PU[redacted]	ANTHONY		31179039	31181027	BO[redacted]	BRENDON		31181027
1181035	BO[redacted]	LAUREN		31181035	31182017	RA[redacted]	KETLIE		31182017
1182025	RA[redacted]	MCKENLEY		31182025	31183015	DU[redacted]	RO ANN		31183315
1183023	DU[redacted]	PAUL		31183023	31184013	MU[redacted]	COREY		31184013
1184021	BE[redacted]	CHRISTINA	N	31184021	31185028	MC[redacted]	JOHN	J	31185028
1186018	EL[redacted]	ELIZABETH		31186018	31186026	EL[redacted]	CHRISTOPHER		31186026
1187016	P[redacted]	MARIA		31187016	31187024	TA[redacted]	GELANY		31187024
1188014	DO[redacted]	JANET		31188014	31189020	SM[redacted]	DANIEL		31189020
1189038	SM[redacted]	MELISSA		31189038	31190010	KE[redacted]	ANDREA		31190010
1190028	KE[redacted]	DAVID		31190028	31191026	SA[redacted]	MARENLIE		31191026
1192016	WA[redacted]	MELROSE		31192016	31193014	CI[redacted]	BELINDA		31193014
1193022	CI[redacted]	CHRISTINA		31193022	31193030	CH[redacted]	RONALD		31193030
1194012	HE[redacted]	MARGARET		31194012	31195019	MC[redacted]	MARY		31195019
1196017	KE[redacted]	CHRISTINE		31196017	31197023	BA[redacted]	SCOTT	M	31197023
1198013	DE[redacted]	KATHLEEN		31198013	31198021	DE[redacted]	SHERRI		31198021
1199011	WA[redacted]	ANGELA		31199011	31199029	WA[redacted]	STEPHANIE		31199029
1199037	MA[redacted]	BOBBIE	J	31199037	31200017	GR[redacted]	BARBARA		31200017
1201023	AL[redacted]	MICHELLE	M	31201023	31202013	M[redacted]	CONNIE		31202013
1203011	PA[redacted]	WILLIAM	B	31203011					

WIC PARTICIPANT REPORT

THE WIC PARTICIPANT REPORT LISTS IN ALPHABETICAL ORDER, BY SITE, ALL THE WIC PARTICIPANTS THAT ARE ON THE COMPUTER MASTERFILE.

THE LOCAL WIC PROGRAM RECEIVES 2 HARD COPIES AND 1 FICHE OF THE PARTICIPANT REPORT. THE FICHE MUST BE KEPT FOR 3 1/2 FISCAL YEARS.

The Participant Report includes 2 types of data:

1. Data in the Participant Masterfile accepted from Type 1 and Type 2 participant input forms, current up to the last "input cutoff."

2. Data entered by the computer including

   a. Eligibility review date
   b. Date and code 1 for automatic termination due to categorical ineligibility
   c. Warning flags for impending participant status changes
   d. Statistics based on the Participant Masterfile

Thus the WIC Participant Report consists of 2 parts: participant information compiled from the Participant Masterfile and statistical information on participation.

PARTICIPANT INFORMATION

This section contains the following information for each participant listed in the Participant Masterfile.

1. Identification number
2. Name
3. Address
4. Telephone number
5. Authorized representative
6. Household code
7. Participant type
8. Sex
9. Race
10. Birthdate of child or infant
11. Expected date of delivery
12. Termination code
13. Woman's status
14. Voucher pick-up day
15. Food pcakge
16. Source of health care
17. # family numbers on WIC
18. Priority code
19. Initial certification date
20. Eligibility review date
21. Recertification date
22. Termination date

Note: Occasionally, participant records never appear on or seem to disappear from the Participant Report. The following situations may cause this to occur:

1. An "old" certification date (more than 8 months old) and no recertification date OR an "old" recertification date (01/05/84 instead of 01/05/85) is submitted on type 1 or 2 participant input. The participant records with these dates appear "accepted" on the Participant Update Listing, but do not appear in the Participant Report as the participants' certification periods appear to have expired without recertification.

2. A participant's name change has been submitted and appears in the Participant Report, but the change has not been recorded on the participant's file. If you have a name (and computer-generated vouchers) which you can't match to a participant file (and you suspect a name change), look up the participant identification number on a prior Recipient Listing by Identification Number to find the "old" name. If you have a file and no vouchers (and you suspect a name change), look up the identification number as recorded in the file in the current Recipient Listing by Identification Number to find the "new" name.

In the left-hand column, under the participant identification number, the computer prints "flags" to notify you of each participant's current status and possible impending status changes. The following flags are used:

ACTIVE	Vouchers were generated for this participant.
INACTIVE	The participant has been terminated and no vouchers were produced. This participant record will remain inactive in the participant masterfile for 2 months after date of termination. You may "reverse termination" on an INACTIVE participant by submitting a type 2 input for the participant with an "R" in the TERMINATION CODE box and 6 zeroes in the TERMINATION DATE boxes. You must also include the missing information which caused the termination, for example, the recertification date and priority code or the woman's postpartum status and delivery date. A "reverse termination" may be done as long as the participant record remains INACTIVE, ie. within 2 months after the date of termination. After 2 months of INACTIVE status, the participant record is taken off the Participant Masterfile and must be reentered with a Type 1 input.

DUE FOR RECERT

Participant due for recertification in the prior month, the current month or next month as indicated by the date next to *ELIG REVIEW in the far right column.

RECERT OVERDUE

The participant was due for recertification 2 or 3 months ago and hasn't been certified since the date next to *RECERTIFIED in the far right column. S/he must be recertified before receiving this month's vouchers.

Check to see if participant was recertified but the recertification date never submitted.

Participants due 3 months ago will become INACTIVE next month unless the recertification date, priority, and an "R" in the termination code box are input before input cutoff day.

LAST MONTH ELI(GIBLE)

This is the last set of vouchers that will be produced for this participant.

If the participant will be categorically ineligible next month (5 year old child, non-nursing woman at 6 months postpartum, or breastfeeding woman at 1 year postpartum), prepare the appropriate termination notice.

If the participant was due for recertification 3 months ago, check to see if recertification was done. If done, submit the recertification date, priority and "R" in termination code box (reverse termination) before input cutoff day. If recertification was not done, do nothing; this participant will not get vouchers next month but will remain inactive on the participant masterfile until exactly 2 months after the termination date (5 months after the ELIG. REVIEW date).

If the participant is listed as PREGNANT, check to see if she has delivered. If so, submit her new status, the infant's birthdate, and "R" in the termination code box before input cutoff. If you don't have information about her status, do nothing; she will not receive vouchers next month but will remain inactive on the participant masterfile for exactly two months after her termination date (5 months after the EXPT DEL DAY).

FIRST BIRTHDAY	The participant will turn one year old next month. Next month the participant's status will change to CHILD and the food package will change to package 05. You may want to notify the parent or guardian that next month's vouchers will not be formula. In some cases the child may need to continue with formula vouchers; if so, you must input a package change.

STATISTICAL INFORMATION

The last pages of the Participant Report contain statistics for the local program and for each site, including participant totals, participant characteristics, number of overdue recertifications, food packages assigned, voucher pick-up day assignments, terminations, and priority codes.

JULY PARTICIPANT REPORT SHOWING
"DUE FOR RECERT" - IN JUNE, JULY, AUGUST
"LAST MONTH ELI"- WOMAN 6 MONTHS POSTPARTUM,
WILL BE TERMINATED JULY 30

REPORT NO. WIC020-P

WIC
PARTICIPANT REPORT
FOR JULY 85
QUINCY WIC
LOCATION 01 QUINCY CITY HOSPITAL

23

12266011	CRE[redacted] DONNA	WIC - WOMAN	STATUS - POST NOT NURS	PRIORITY CODE -6XX	
	292 QUINCY	SEX - FEMALE	VOUCHER DAY - 08	CERTIFIED -12-10-84	
ACTIVE	QUINCY 02169	RACE - WHT NOT HISP	PACKAGE - 12	ELIG. REVIEW -	
LAST MONTH ELI	617-471-3471 243 9999	DELIVERY DAY - 01-30-85	DESIG VENDR - 000	RECERTIFIED - 01-30-85	
		EXPT DEL DAY - 01-10-85	SRC - NBR FAMILY -	TERMINATED -00-00-00	
	HOUSEHOLD - 12266011	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
12251021	CRO[redacted] JAMES M	WIC - INFANT	STATUS -	PRIORITY CODE -1XX	
	824	SEX - MALE	VOUCHER DAY - 15	CERTIFIED -11-13-84	
ACTIVE	189 EVERETT ST	RACE - WHT NOT HISP	PACKAGE - 16	ELIG. REVIEW - 11-22-85	
	WOLLASTON 02170	BIRTHDAY - 10-25-84	DESIG VENDR - 000	RECERTIFIED - 05-22-85	
	617-471-5206 243 9999	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
		NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
	HOUSEHOLD - 12251021	TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
11929023	CUR[redacted] CHRISTOPHER	WIC - CHILD	STATUS -	PRIORITY CODE -4XX	
	52 HIGHFIELD RD	SEX - FEMALE	VOUCHER DAY - 22	CERTIFIED -06-30-84	
ACTIVE	QUINCY 02169	RACE - WHT NOT HISP	PACKAGE - 05	* ELIG. REVIEW - 06-19-85	
	617-471-4694 243 9999	BIRTHDAY - 06-30-84	DESIG VENDR - 000	RECERTIFIED - 12-19-84	
	CUR[redacted] ROBERTA	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
DUE FOR RECERT	HOUSEHOLD - 11929023	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
11632023	CZE[redacted] ADAM	WIC - CHILD	STATUS -	PRIORITY CODE -5AX	
	134 WATERSTON AVE	SEX - MALE	VOUCHER DAY - 01	CERTIFIED -07-01-83	
ACTIVE	QUINCY 02169	RACE - WHT NOT HISP	PACKAGE - 01	* ELIG. REVIEW - 07-18-85	
	617-479-9824 243 9999	BIRTHDAY - 02-13-81	DESIG VENDR - 000	RECERTIFIED - 01-18-85	
	CZE[redacted] ZOLZISLAWA	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
DUE FOR RECERT	HOUSEHOLD - 11632023	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
12087029	DAG[redacted] JOHN T	WIC - CHILD	STATUS -	PRIORITY CODE -1XX	
	43A BUCKINGHAM RD	SEX - MALE	VOUCHER DAY - 01	CERTIFIED -06-25-84	
ACTIVE	QUINCY 02169	RACE - WHT NOT HISP	PACKAGE - 26	* ELIG. REVIEW - 07-04-85	
	617-471-3235 035 9999	BIRTHDAY - 06-25-84	DESIG VENDR - 000	RECERTIFIED - 01-04-85	
	DAG[redacted] CAROL	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
DUE FOR RECERT	HOUSEHOLD - 12087029	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
12169025	DAG[redacted] MICHAEL	WIC - CHILD	STATUS -	PRIORITY CODE -5AX	
	188 RHODA STREET	SEX - MALE	VOUCHER DAY - 22	CERTIFIED -08-20-84	
ACTIVE	QUINCY 02169	RACE - WHT NOT HISP	PACKAGE - 01	* ELIG. REVIEW - 08-20-85	
	617-472-4509 243 9999	BIRTHDAY - 11-19-80	DESIG VENDR - 000	RECERTIFIED - 02-20-85	
	DAG[redacted] HOELENE	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
DUE FOR RECERT	HOUSEHOLD - 12169025	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	

JULY PARTICIPANT REPORT SHOWING
"LAST MONTH ELI" - BREASTFEEDING WOMAN AT
1 YEAR POSTPARTUM, WILL BE TERMINATED JULY 19

REPORT NO. WIC020-P

WIC
PARTICIPANT REPORT 230
FOR JULY 85
QUINCY WIC
LOCATION 06 QUINCY WIC - SITE 06

60092020	SAN[redacted] ALYSSA 1350 PLEASANT ST		WIC - CHILD	STATUS -	PRIORITY CODE -5AX
			SEX - FEMALE	VOUCHER DAY - 04	CERTIFIED -04-06-84
ACTIVE	WEYMOUTH	02189	RACE - WHT NOT HISP	PACKAGE - 05	ELIG. REVIEW - 10-04-85
	617-331-7578 336 9999		BIRTHDAY - 11-17-81	DESIG VENDR - 000	RECERTIFIED - 04-04-85
	SAN[redacted] CYNTHIA		EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00
	HOUSEHOLD - 60092020		NUT. CARE - 0	RISK - 000	INIT - 000 END - 000
			TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00
60060035	SAN[redacted] CRYSTAL 25 WESTERN AVE		WIC - CHILD	STATUS -	PRIORITY CODE -5AX
			SEX - FEMALE	VOUCHER DAY - 01	CERTIFIED -06-11-84
ACTIVE	WEYMOUTH	02188	RACE - WHT NOT HISP	PACKAGE - 01	ELIG. REVIEW - 12-05-85
	617-335-0018 336 9999		BIRTHDAY - 03-09-81	DESIG VENDR - 000	RECERTIFIED - 06-05-85
	SAN[redacted] JOYCE		EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00
	HOUSEHOLD - 60060035		NUT. CARE - 0	RISK - 000	INIT - 000 END - 000
			TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00
60060027	SAN[redacted] ERIC 552 COLUMBIAN ST		WIC - CHILD	STATUS -	PRIORITY CODE -2XP
			SEX - MALE	VOUCHER DAY - 01	CERTIFIED -07-19-84
ACTIVE	WEYMOUTH	02198	RACE - WHT NOT HISP	PACKAGE - 99	* ELIG. REVIEW - 07-16-85
	617-335-0018 336 9999		BIRTHDAY - 07-19-84	DESIG VENDR - 000	RECERTIFIED - 01-15-[illegible]
	SAN[redacted] JOYCE		EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00
DUE FOR RECERT	HOUSEHOLD - 60060027		NUT. CARE - 0	RISK - 000	INIT - 000 END - 000
			TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00
60060019	SAN[redacted] JOYCE 25 WESTERN AVE		WIC - WOMAN	STATUS - POST NURSING	PRIORITY CODE -1XX
			SEX - FEMALE	VOUCHER DAY - 01	CERTIFIED -06-11-84
ACTIVE	WEYMOUTH	02188	RACE - WHT NOT HISP	PACKAGE - 08	* ELIG. REVIEW - 07-16-85
LAST MONTH ELI	617-335-0018 336 9999		DELIVERY DAY - 07-19-84	DESIG VENDR - 000	RECERTIFIED - 01-16-85
	SAN[redacted] JOYCE		EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00
DUE FOR RECERT	HOUSEHOLD - 60060019		NUT. CARE - 0	RISK - 000	INIT - 000 END - 000
			TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00
60039013	SEG[redacted] JOCELYN 3 ARMY ST		WIC - WOMAN	STATUS - POST NURSING	PRIORITY CODE -1XX
			SEX - FEMALE	VOUCHER DAY - 01	CERTIFIED -10-01-84
ACTIVE	RANDOLPH	02368	RACE - WHT NOT HISP	PACKAGE - 08	ELIG. REVIEW - 10-04-85
	617-961-4213 244 9999		DELIVERY DAY - 08-12-84	DESIG VENDR - 000	RECERTIFIED - 04-04-85
			EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00
	HOUSEHOLD - 60039013		NUT. CARE - 0	RISK - 000	INIT - 000 END - 000
			TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00
60039021	SEG[redacted] LEAH 3 ARMY ST		WIC - CHILD	STATUS -	PRIORITY CODE -5AX
			SEX - FEMALE	VOUCHER DAY - 01	CERTIFIED -10-01-84
ACTIVE	RANDOLPH	02368	RACE - WHT NOT HISP	PACKAGE - 01	ELIG. REVIEW - 10-04-85
	617-961-4213 244 9999		BIRTHDAY - 01-12-83	DESIG VENDR - 000	RECERTIFIED - 04-04-85
	SEG[redacted] JOCELYN		EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00
	HOUSEHOLD - 60039021		NUT. CARE - 0	RISK - 000	INIT - 000 END - 000
			TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00

PARTICIPANT REPORT WITH FLAG FOR "LAST MONTH ELI"

PARTICIPANT REPORT WITH FLAGS FOR "LAST MONTH ELI" AND "FIRST BIRTHDAY"

REPORT NO. WIC020-P

WIC
PARTICIPANT REPORT
FOR JULY 85
QUINCY WIC
LOCATION 04 HULL MEDICAL CENTER

145

40171027 HEM[redacted] KIMBERLY
143 KINGSLEY RD
ACTIVE HULL 02045
LAST MONTH ELI 617-749-7050 142 9999
HEM[redacted] DIANE
HOUSEHOLD - 40171027

WIC - CHILD STATUS -
SEX - FEMALE VOUCHER DAY - 08
RACE - WHT NOT HISP PACKAGE - 01
BIRTHDAY - 07-23-80
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -3XX
CERTIFIED -04-22-85
ELIG. REVIEW - 10-22-85
RECERTIFIED -
TERMINATED -00-00-00
INIT - 000 END - 000
HGB - 00 HCT - 00

40134025 HEN[redacted] KEVIN
34 BAY ST
ACTIVE HULL 02045
617-925-5197 142 9999
FIRST BIRTHDAY HEN[redacted] JOANNE
HOUSEHOLD - 40134025

WIC - INFANT STATUS -
SEX - MALE VOUCHER DAY - 08
RACE - WHT NOT HISP PACKAGE - 16
BIRTHDAY - 08-20-84
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -4XX
CERTIFIED -09-14-84
ELIG. REVIEW - 09-06-85
RECERTIFIED - 03-06-85
TERMINATED -00-00-00
INIT - 000 END - 000
HGB - 00 HCT - 00

40151029 HOR[redacted] DANIEL
815 NANTASKET AVE
ACTIVE HULL 02045
617-925-0890 142 9999
HOR[redacted] SUSAN
HOUSEHOLD - 40151029

WIC - INFANT STATUS -
SEX - MALE VOUCHER DAY - 08
RACE - WHT NOT HISP PACKAGE - 21
BIRTHDAY - 11-28-84
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -2XX
CERTIFIED -03-06-85
ELIG. REVIEW - 09-06-85
RECERTIFIED -
TERMINATED -00-00-00
INIT - 000 END - 000
HGB - 00 HCT - 00

40151011 HOR[redacted] SUSAN
815 NANTASKET AVE
ACTIVE HULL 02045
617-925-0890 142 9999
HOUSEHOLD - 40151011

WIC - WOMAN STATUS - POST NURSING
SEX - FEMALE VOUCHER DAY - 08
RACE - WHT NOT HISP PACKAGE - 00
DELIVERY DAY
DESIG VENDR - 000
00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -1XX
CERTIFIED -03-06-85
ELIG. REVIEW - 09-06-85
RECERTIFIED -
TERMINATED -00-00-00
INIT - 000 END - 000
HGB - 00 HCT - 00

40122020 HOU[redacted] NICOLE
126 1/2 SPRING ST
ACTIVE HULL 02045
617-925-0993 142 9999
HOU[redacted] ROBERTA
DUE FOR RECERT HOUSEHOLD - 40122020

WIC - CHILD STATUS -
SEX - FEMALE VOUCHER DAY - 08
RACE - WHT NOT HISP PACKAGE - 05
BIRTHDAY - 01-27-84
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

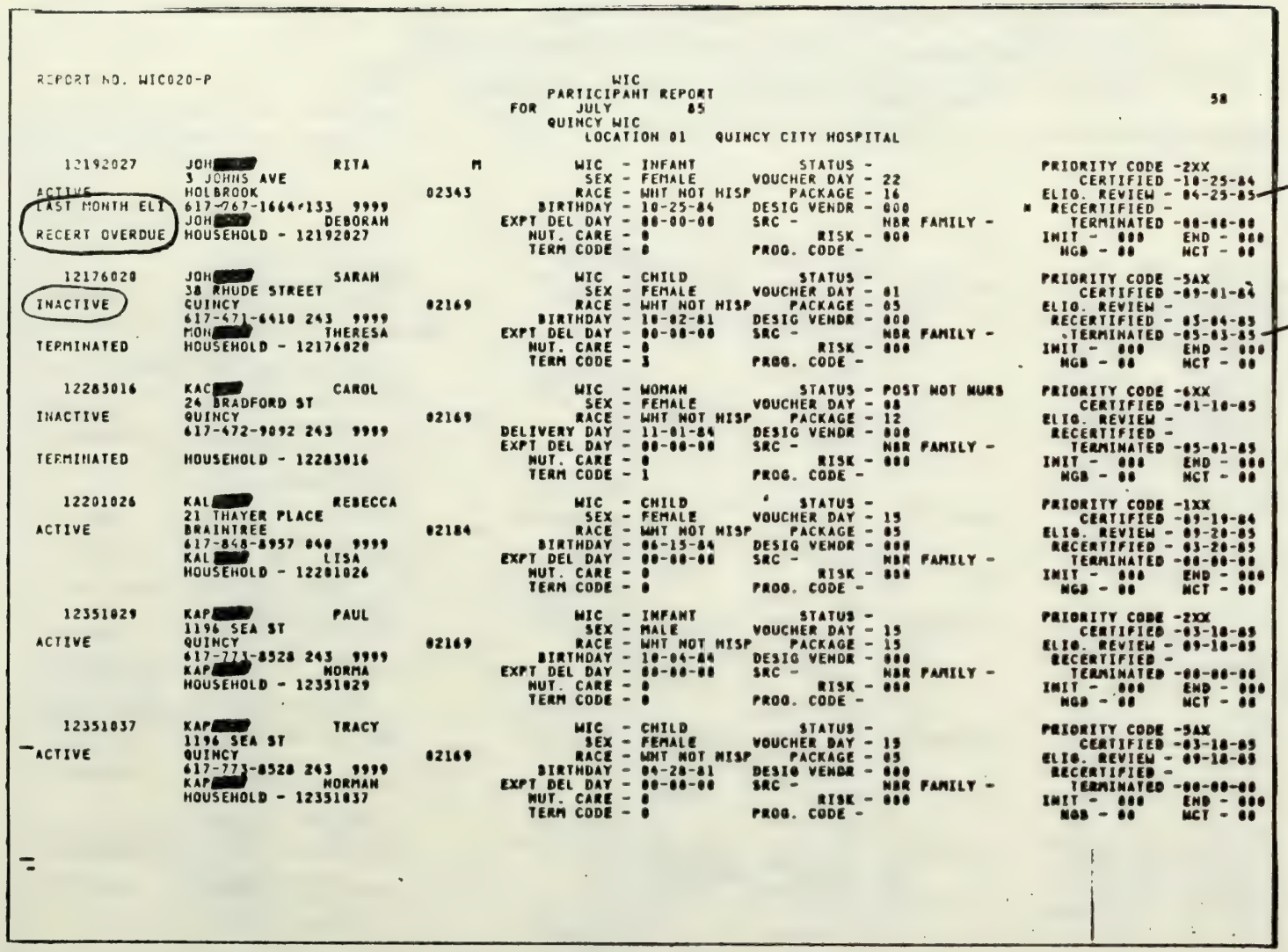
PRIORITY CODE -5XX
CERTIFIED -02-24-84
ELIG. REVIEW - 08-15-85
RECERTIFIED - 02-15-85
TERMINATED -00-00-00
INIT - 000 END - 000
HGB - 00 HCT - 00

40078032 JAC[redacted] STEPHANIE
419 NEWPORT RD
ACTIVE HULL 02045
617-925-4398 142 9999
JAC[redacted] CHERYL
HOUSEHOLD - 40078032

WIC - CHILD STATUS -
SEX - FEMALE VOUCHER DAY - 08
RACE - WHT NOT HISP PACKAGE - 05
BIRTHDAY - 01-13-84
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -5XX
CERTIFIED -03-01-84
ELIG. REVIEW - 10-10-85
RECERTIFIED - 04-10-85
TERMINATED -00-00-00
INIT - 000 END - 000
HGB - 00 HCT - 00

JULY PARTICIPANT REPORT SHOWING
"LAST MONTH ELI" - CHILD TURNING 5 YEARS OLD
IN JULY, WILL BE TERMINATED JULY 23
"FIRST BIRTHDAY" - INFANT WILL TURN 1 YEAR OLD
IN AUGUST, WILL RECEIVE CHILD'S FOOD PACKAGE



REPORT NO. WIC020-P

WIC
PARTICIPANT REPORT
FOR JULY 85
QUINCY WIC
LOCATION 01 QUINCY CITY HOSPITAL

58

12192027 JOH[redacted] RITA M
3 JOHNS AVE
ACTIVE HOLBROOK 02343
LAST MONTH ELI 617-767-1664 133 9999
RECERT OVERDUE JOH[redacted] DEBORAH
HOUSEHOLD - 12192027

WIC - INFANT STATUS -
SEX - FEMALE VOUCHER DAY - 22
RACE - WHT NOT HISP PACKAGE - 16
BIRTHDAY - 10-25-84 DESIG VENDR - 000
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -2XX
CERTIFIED -10-25-84
ELIG. REVIEW - 04-25-85
M RECERTIFIED -
TERMINATED -00-00-00
IMIT - 000 END - 000
NGB - 00 NCT - 00

12176020 JOH[redacted] SARAH
38 RHUDE STREET
INACTIVE QUINCY 02169
617-471-6410 243 9999
MOH[redacted] THERESA
TERMINATED HOUSEHOLD - 12176020

WIC - CHILD STATUS -
SEX - FEMALE VOUCHER DAY - 01
RACE - WHT NOT HISP PACKAGE - 05
BIRTHDAY - 10-02-81 DESIG VENDR - 000
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 3 PROG. CODE -

PRIORITY CODE -5AX
CERTIFIED -09-01-84
ELIG. REVIEW -
RECERTIFIED - 03-04-85
TERMINATED -05-03-85
IMIT - 000 END - 000
NGB - 00 NCT - 00

12283016 KAC[redacted] CAROL
24 BRADFORD ST
INACTIVE QUINCY 02169
617-472-9092 243 9999

TERMINATED HOUSEHOLD - 12283016

WIC - WOMAN STATUS - POST NOT NURS
SEX - FEMALE VOUCHER DAY - 08
RACE - WHT NOT HISP PACKAGE - 12
DELIVERY DAY - 11-01-84 DESIG VENDR - 000
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 1 PROG. CODE -

PRIORITY CODE -6XX
CERTIFIED -01-10-85
ELIG. REVIEW -
RECERTIFIED -
TERMINATED -05-01-85
IMIT - 000 END - 000
NGB - 00 NCT - 00

12201026 KAL[redacted] REBECCA
21 THAYER PLACE
ACTIVE BRAINTREE 02184
617-848-8957 848 9999
KAL[redacted] LISA
HOUSEHOLD - 12201026

WIC - CHILD STATUS -
SEX - FEMALE VOUCHER DAY - 15
RACE - WHT NOT HISP PACKAGE - 05
BIRTHDAY - 06-15-84 DESIG VENDR - 000
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -1XX
CERTIFIED -09-19-84
ELIG. REVIEW - 09-20-85
RECERTIFIED - 03-20-85
TERMINATED -00-00-00
IMIT - 000 END - 000
NGB - 00 NCT - 00

12351029 KAP[redacted] PAUL
1196 SEA ST
ACTIVE QUINCY 02169
617-773-8528 243 9999
KAP[redacted] NORMA
HOUSEHOLD - 12351029

WIC - INFANT STATUS -
SEX - MALE VOUCHER DAY - 15
RACE - WHT NOT HISP PACKAGE - 15
BIRTHDAY - 10-04-84 DESIG VENDR - 000
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -2XX
CERTIFIED -03-18-85
ELIG. REVIEW - 09-18-85
RECERTIFIED -
TERMINATED -00-00-00
IMIT - 000 END - 000
NGB - 00 NCT - 00

12351037 KAP[redacted] TRACY
1196 SEA ST
ACTIVE QUINCY 02169
617-773-8528 243 9999
KAP[redacted] NORMAN
HOUSEHOLD - 12351037

WIC - CHILD STATUS -
SEX - FEMALE VOUCHER DAY - 15
RACE - WHT NOT HISP PACKAGE - 05
BIRTHDAY - 04-28-81 DESIG VENDR - 000
EXPT DEL DAY - 00-00-00 SRC - NBR FAMILY -
NUT. CARE - 0 RISK - 000
TERM CODE - 0 PROG. CODE -

PRIORITY CODE -5AX
CERTIFIED -03-18-85
ELIG. REVIEW - 09-18-85
RECERTIFIED -
TERMINATED -00-00-00
IMIT - 000 END - 000
NGB - 00 NCT - 00

PARTICIPANT REPORT WITH FLAGS FOR
"INACTIVE" AND "RECERT OVERDUE" WITH "LAST MONTH ELI"

JULY PARTICIPANT REPORT SHOWING
"RECERT OVERDUE" - DUE 3 MONTHS AGO
"LAST MONTH ELI" - PARTICIPANT WILL BE TERMINATED JULY 25 BECAUSE 3 MONTHS OVERDUE FOR RECERT
"INACTIVE" - PARTICIPANT TERMINATED MAY 3, WILL BE REMOVED FROM PARTICIPANT MASTERFILE JULY 3

PART V: FOOD DELI
SECTION A.3b(2b)
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JULY PARTICIPANT REPORT SHOWING "LAST MONTH ELI" - WOMAN 3 MONTHS PAST EDC, WILL BE TERMINATED JULY 5

"RECERT OVERDUE" - DUE 2 MONTHS AGO

REPORT NO. WIC020-P

WIC
PARTICIPANT REPORT
FOR JULY 85
QUINCY WIC
LOCATION 01 QUINCY CITY HOSPITAL

57

11511037	JEN[redacted] KERI	WIC - INFANT	STATUS -	PRIORITY CODE -2XX	
	114 WARREN STREET	SEX - MALE	VOUCHER DAY - 22	CERTIFIED -03-26-85	
ACTIVE	RANDOLPH 02368	RACE - WHT NOT HISP	PACKAGE - 15	ELIG. REVIEW - 09-26-85	
	617-471-6982 244 9999	BIRTHDAY - 03-26-85	DESIG VENDR - 000	RECERTIFIED -	
	JEN[redacted] LINDA	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
	HOUSEHOLD - 11511037	NUT. CARE - 8	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
11511011	JEN[redacted] LINDA	WIC - WOMAN	STATUS - PREGNANT	PRIORITY CODE -6XX	
	114 WARREN ST	SEX - FEMALE	VOUCHER DAY - 22	CERTIFIED -09-24-84	
ACTIVE	RANDOLPH 02368	RACE - WHT NOT HISP	PACKAGE - 12	ELIG. REVIEW -	
LAST MONTH ELI	617-986-8734 244 9999	DELIVERY DAY - 00-00-00	DESIG VENDR - 000	RECERTIFIED - 03-26-85	
		EXPT DEL DAY - 04-05-85	SRC - NBR FAMILY -	TERMINATED -00-00-00	
	HOUSEHOLD - 11511011	NUT. CARE - 8	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
10972024	JOH[redacted] DEREK	WIC - CHILD	STATUS -	PRIORITY CODE -5AX	
	151 WINTHROP STREET	SEX - MALE	VOUCHER DAY - 15	CERTIFIED -11-09-82	
ACTIVE	QUINCY 02169	RACE - WHT NOT HISP	PACKAGE - 01	ELIG. REVIEW - 05-16-85	
	617-472-2381 243 9999	BIRTHDAY - 11-09-82	DESIG VENDR - 000	* RECERTIFIED - 11-16-84	
	JOH[redacted] KIMBERLY	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
RECERT OVERDUE	HOUSEHOLD - 10972024	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
12250023	JOH[redacted] JOHN LEE	WIC - INFANT	STATUS -	PRIORITY CODE -1XX	
	19 ROLL ST	SEX - MALE	VOUCHER DAY - 15	CERTIFIED -04-01-85	
ACTIVE	RANDOLPH 02368	RACE - WHT NOT HISP	PACKAGE - 19	ELIG. REVIEW - 10-01-85	
	617-963-1271 244 9999	BIRTHDAY - 04-01-85	DESIG VENDR - 000	RECERTIFIED -	
	JOH[redacted] PAMELA	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
	HOUSEHOLD - 12250023	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
11732021	JOH[redacted] MICHAEL	WIC - CHILD	STATUS -	PRIORITY CODE -5AP	
	257 EVERETT STREET	SEX - MALE	VOUCHER DAY - 08	CERTIFIED -09-07-83	
ACTIVE	QUINCY 02170	RACE - WHT NOT HISP	PACKAGE - 01	ELIG. REVIEW - 09-11-85	
	617-471-2193 243 9999	BIRTHDAY - 01-02-83	DESIG VENDR - 000	RECERTIFIED - 03-11-85	
	JOH[redacted] KAREN	EXPT DEL DAY - 00-00-00	SRC - NBR FAMILY -	TERMINATED -00-00-00	
	HOUSEHOLD - 11732021	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	
12250015	JOH[redacted] PAMELA J	WIC - WOMAN	STATUS - POST NURSING	PRIORITY CODE -1XX	
	19 ROEL ST	SEX - FEMALE	VOUCHER DAY - 15	CERTIFIED -11-13-84	
ACTIVE	RANDOLPH 02368	RACE - WHT NOT HISP	PACKAGE - 08	ELIG. REVIEW - 10-01-85	
	617-963-1271 244 9999	DELIVERY DAY - 04-01-85	DESIG VENDR - 000	RECERTIFIED - 04-01-85	
		EXPT DEL DAY - 03-31-85	SRC - NBR FAMILY -	TERMINATED -00-00-00	
	HOUSEHOLD - 12250015	NUT. CARE - 0	RISK - 000	INIT - 000 END - 000	
		TERM CODE - 0	PROG. CODE -	HGB - 00 HCT - 00	

PARTICIPANT REPORT WITH FLAGS FOR "LAST MONTH ELI" AND "RECERT OVERDUE"

PART V: FOOD DELIVERY
SECTION A.36(2b)
PAGE: 9
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RESOLVING PROBLEMS IDENTIFIED IN VOUCHER RECONCILIATION

A RECONCILIATION OF PAID VOUCHERS AND AN EXAMINATION OF THE MASTERFILES ARE DONE ONCE A MONTH BY THE WIC COMPUTER SYSTEM. REPORTS LISTING PROBLEMS ARE PRODUCED AND SENT TO LOCAL WIC PROGRAMS FOR RESOLUTION.

There are four problem reports produced during the monthly reconciliation of paid vouchers and examination of the computer masterfiles.

1. Cash errors
2. Participants not on masterfile
3. Dual participation
4. Multiple issuance

CASH ERRORS

THE MONTHLY RECONCILIATION OF PAID VOUCHERS PRODUCES A REPORT LISTING SERIAL NUMBERS OF CASH ERRORS. CASH ERRORS ARE VOUCHERS THAT HAVE BEEN PAID BUT ARE NOT RECORDED IN THE VOUCHER MASTERFILE AS HAVING BEEN ISSUED. THE LOCAL WIC PROGRAM MUST PROVIDE THE STATE WIC OFFICE WITH COMPLETE ISSUANCE INFORMATION ON REQUEST ABOUT EACH CASH ERROR ORIGINATING IN THE LOCAL WIC PROGRAM.

A cash error is usually a manual voucher and is a result of one of the following:

1. Manual voucher input was not submitted or not accepted onto the voucher masterfile.

2. Fraud.

3. A voucher's magnetic-ink serial number was damaged and then misread.

The State WIC Office will provide the local WIC Program with a list of the serial numbers of errors which originated in the local WIC program. The local WIC program must provide the State WIC Office with the name and identification number of the participant to whom each cash error was issued, and the date of issue. This information will usually be found on the signed copy of the manual voucher input form.

PARTICIPANTS NOT ON MASTERFILE

This section to be developed in FY 86.

DUAL PARTICIPATION

The Massachusetts WIC Program is in the process of developing a system for detection of dual participation in a single site or local program, or in more than one local program.

This section to be developed in FY 86.

MULTIPLE ISSUANCE

This section to be developed in FY 86.

VENDOR SYSTEM

A WIC VENDOR IS A RETAIL FOOD STORE, PHARMACY, OR DAIRY THAT IS AUTHORIZED BY THE WIC PROGRAM TO ACCEPT AND REDEEM WIC FOOD VOUCHERS FOR SPECIFIED WIC FOODS

Retail vendors play a critical part in the WIC Program. As the actual distributors of the special WIC foods, the vendors are essential in helping to improve the nutritional status of the members of their communities.

The WIC Program benefits participating vendors not only because of the direct contribution of WIC food sales, but also because WIC participants who purchase WIC foods from an authorized vendor normally purchase other products at the same time.

In return for WIC sales, the WIC Program expects vendors to maintain accountable behavior in dealing with the WIC participants and with the local WIC programs.

Before the WIC Program selects and authorizes any vendor, each local program designs a vendor selection plan for its service area. The vendor plan, developed with guidance from the State WIC Office, identifies closely the number and preferred location of vendors with whom each local program will enter into an agreement.

Interested vendors submit applications to the local WIC program. The local program selects vendors for participation in the WIC Program according to standard criteria developed by the State WIC Office. Each program authorizes a small number of pharmacies in order to ensure that WIC participants have access to special prescription infant formulas not usually stocked by retail food vendors.

The local program then signs agreements with selected food vendors and pharmacies and monitors their compliance with WIC Program regulations and policies throughout the fiscal year.

DETERMINING NEED FOR VENDORS

FOUR WAYS TO DETERMINE YOUR VENDOR NEEDS:

1. KNOWLEDGE OF THE COMMUNITY
2. OPTIONAL PARTICIPANT SURVEY
3. COMMON SENSE
4. INTUITION

THE OPTIONAL PARTICIPANT SURVEY

The State WIC Office suggests that you administer the optional "PARTICIPANT SHOPPING SURVEY" once a year, preferably in April.

A participant shopping survey can be an effective way of getting information from participants about their shopping habits.

Possible ways of administering the Participant Shopping Survey:

- Hand to all participants at April voucher pick-up
- Distribute to a randomly chosen sample of participants (for example, give to every 10th person on the voucher register or give to every 5th person that comes in to pick up vouchers)
- Survey participants orally and complete the questionnaires yourself with the information that they give you

THE NUMBER OF VENDORS YOU NEED

The State WIC Office recommends that local WIC programs authorize one food vendor for every 75 to 100 participants in rural areas, and one food vendor for every 150 to 200 participants in urban areas. Local WIC programs usually authorize one pharmacy for every 300 participants, or one for every program site.

In deciding how many vendors you need to authorize:

1. Think about how many vendors your participants need
2. Think about where those vendors should be located throughout your catchment area
3. Think about your staff time available for vendor training and supervision (monitoring)

MASSACHUSETTS WIC PROGRAM
PARTICIPANT SHOPPING SURVEY

1. Where do you usually use your WIC Vouchers?

   Store Name: _____

   Location: _____

2. Where do you usually do your regular food shopping?

   Store Name: _____

   Location: _____

3. What is your main method of transportation?

   ___ walk ___ public transportation ___ your car

   ___ friend's or relative's car ___ taxi ___ other: _____

4. Do you have trouble getting to WIC stores before they close in the evening?

   ___ often ___ sometimes ___ never

5. Have you ever tried to use your vouchers in a WIC store, but the store:

   A. was out of some of the WIC foods? ___ yes ___ no

   B. had a poor selection of WIC foods? ___ yes ___ no

   C. had WIC foods that were not fresh? ___ yes ___ no

   D. cashier was rude? ___ yes ___ no

   If you answered "yes" to any of the above questions, please write the stores name below:

   Store Name: _____

   Location: _____

6. Are there any other stores or dairies that you think should be WIC stores?

   Store Name: _____

   Location: _____

7. Comments? _____

_____

_____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

PROGRAMA WIC DE MASSACHUSETTS
CUESTIONARIO PARA PARTICIPANTES

1. ¿Dónde gasta Ud. sus cupones WIC?

   Nombre de la tienda:_____

   Dirección:_____

2. ¿Dónde compra sus alimentos regularmente?

   Nombre de la tienda:_____

   Dirección:_____

3. ¿Cuál es su principal medio de transporte?

   _____A pie _____Transporte Público _____Carro propio

   _____Carro de amigo o pariente _____Taxi _____Otro:_____

4. ¿Tiene Ud. problema en llegar a las tiendas de WIC antes de que éstas cierren por la noche?

   _____Frecuentemente _____Algunas veces _____Nunca

5. ¿Alguna vez trató de usar sus cupones en alguna tienda de WIC, pero encontró que la tienda:

   A. No tenía ciertos artículos de WIC? ___Sí ___No

   B. Había poca selección de artículos de WIC? ___Sí ___No

   C. Tenía artículos de WIC que no estaban frescos? ___Sí ___No

   D. El cajero/a fue descortes con Ud.? ___Sí ___No

   Si cotestó "Sí" a cualquiera de las preguntas anteriores, por favor anote el nombre y la dirección de la tienda en la línea indicada.

   Nombre de la tienda:_____

   Direccion:_____

6. ¿Conoce alguna otra tienda o establecimiento que en su opinion debiera distribuir articulos de WIC?

   Nombre de la tienda:_____

   Dirección:_____

7. ¿Comentarios adicionales:_____

   _____

   _____

Este es un Programa de Igualdad de Oportunidades. Si cree que por razón de raza, color, origen nacional, edad, sexo ó por ser impedido ha sido discriminado, escriba de inmediato a Secretary of Agriculture, Washington, D.C. 20250

THE VENDOR SELECTION PLAN

THE STATE WIC OFFICE MUST RECEIVE A VENDOR SELECTION PLAN FROM EACH LOCAL PROGRAM DURING THE MONTH OF JUNE.

USE THE STANDARD VENDOR SELECTION PLAN FORM.

EACH LOCAL PROGRAM WILL RECEIVE WRITTEN APPROVAL OR NOTICE OF CHANGES REQUESTED DURING THE MONTH OF JULY.

The vendor selection plan is a broad outline and description of goals for service, not a rigid and detailed map of vendor locations.

FACTORS FOR DEVELOPING A VENDOR SELECTION PLAN

1. Number and distribution of WIC participants served by your local program
2. WIC participant shopping preferences as indicated by your optional survey
3. Staff time available at your local program for vendor training and monitoring

HOW TO FILL OUT THE VENDOR SELECTION PLAN

1. You may want to indicate a range of numbers to give you flexibility.
2. Food Vendor:Participant Ratio -- Divide your caseload by the number of vendors as indicated
3. Town Name in Catchment Area -- List every town that is formally part of your catchment area
4. Number of Participants -- List the number of participants living in each town from your active caseload
5. WIC Site -- Check if this town is a site location
6. Home Delivery -- Check here if home delivery will cover this town along with or instead of retail food vendors
7. Put the number of food vendors and pharmacies that you have agreements with for the current fiscal year. DO NOT INCLUDE HOME DELIVERY in this count. Also, put the number of food vendors and pharmacies you will need to serve participants in the upcoming fiscal year. You may indicate a range. DO NOT INCLUDE HOME DELIVERY in this count.

FOR SA USE ONLY:
REC'D _____
REVIEWED _____
A _____ U _____

MASSACHUSETTS WIC PROGRAM
VENDOR SELECTION PLAN
FISCAL YEAR 1986

PROGRAM NAME: _____

ASSIGNED CASELOAD _____
(as of May, 1985)

TOTAL NUMBER OF VENDORS (FY'86): _____

TOTAL NUMBERS OF VENDORS (FY'85): _____

Total number of food vendors (stores) : _____
Total number of home delivery vendors : _____
Total number of pharmacies : _____

FOOD VENDOR (Include home delivery): PARTICIPANT RATIO: 1: _____

Pharmacy: PARTICIPANT RATIO: 1: _____

TOWN NAME IN CATCHMENT AREA:	NUMBER OF PARTICIPANTS	WIC SITE? (✓)	FISCAL YEAR '85 # of food vendors	FISCAL YEAR '85 # of pharmacies	('85) Home Delivery Coverage (✓)	FISCAL YEAR '86 # of food vendors	FISCAL YEAR '86 # of pharmacies	('86) Home Delivery Coverage (✓)

VENDOR SELECTION PLAN NARRATIVE

PROGRAM NAME: _____

FACTORS AFFECTING SELECTION PLAN

POSSIBLE FACTORS: How do participants travel to do their shopping? Are there special geographical considerations that affect your program? Are there vendor shortages in some areas? Is there a need for evening hours? Are there divisive racial or ethnic tensions in your catchment area? Other factors?

HOME DELIVERY

If home delivery is necessary to serve your program, please explain why:

NUMBER OF VENDORS

If your vendor to participant ratio is lower than 1:100 (e.g. 1:50) or, if your pharmacy to participant ratio is lower than 1:300 (e.g. 1:100), please explain why:

PREPARED BY: _____

TITLE: _____

DATE: _____

REC'D 5/23/85
REVIEWED 6/1/85
A ✓ U ____

MASSACHUSETTS WIC PROGRAM
VENDOR SELECTION PLAN
FISCAL YEAR 1986

PROGRAM NAME: Middlesex WIC Program

ASSIGNED CASELOAD 2,500
(as of May, 1985)

TOTAL NUMBER OF VENDORS (FY'86): 25-29

TOTAL NUMBERS OF VENDORS (FY'85): 19

Total number of food vendors (stores) : 17 - 21
Total number of home delivery vendors : 1
Total number of pharmacies : 7

FOOD VENDOR (Include home delivery): PARTICIPANT RATIO: 1: 138 - 1:113

Pharmacy: PARTICIPANT RATIO: 1: 357

TOWN NAME IN CATCHMENT AREA:	NUMBER OF PARTICIPANTS	WIC SITE? (✓)	FISCAL YEAR '85 # of food vendors	FISCAL YEAR '85 # of pharmacies	('85) Home Delivery Coverage (✓)	FISCAL YEAR '86 # of food vendors	FISCAL YEAR '86 # of pharmacies	('86) Home Delivery Coverage (✓)
Asphodel	50		-	-		-	-	
Carrothampton	160		1	1			1	
East Muskmelon	800		3	1		6-8	2	
Elysian Fields	85		1	-		1	-	
Gorgeous Gorges	17		-	-		-	-	
Ho Hum Hollow	32		-	-		-	-	
Mundaneville	22		-	-		-	-	
North Artichoke	750		5	1		5-6	2	
Outer Slobovia	11		-	-		-	-	
Pomegranateport	35		-	-		-	-	
Rutabaga Bay	12		-	-		-	-	
South Artichoke	200		1	1		1-2	1	
Strawberry Fields	82		1	1		1	-	
West Muskmelon	95		1	1		1	1	
West Petunia Falls	18		-	-		-	-	

VENDOR SELECTION PLAN NARRATIVE

PROGRAM NAME: Middlesex WIC Program

FACTORS AFFECTING SELECTION PLAN

POSSIBLE FACTORS: How do participants travel to do their shopping? Are there special geographical considerations that affect your program? Are there vendor shortages in some areas? Is there a need for evening hours? Are there divisive racial or ethnic tensions in your catchment area? Other factors?

Most people have cars, except in the urban area of E. Muskmelon where people walk or ride public transportation. There are no large stores in N. Artichoke, so we must contract with a large number of very small stores. Many of the families in N. Artichoke want a store they can shop in after they get off work. Therefore, one of the stores in N. Artichoke should have evening hours.

People in Asphodel shop in Carrothampton and W. Muskmelon. There are only a few residents of Georgeous Gorges, and they shop when they come to one of the WIC sites. Outer Slobovia and Rutabaga Bay are both relatively isolated, and people have cars. They shop in E. Muskmelon when they come in for their vouchers.

Our caseload has grown from 1,500 to nearly 2,500 participants and additional stores are needed this year.

HOME DELIVERY

If home delivery is necessary to serve your program, please explain why:

We need home delivery in the southwest part of the catchment area because it is a large area with few participants. We used to have home delivery in S. Artichoke, but the participants there have told us that they perfer using stores.

NUMBER OF VENDORS

If your vendor to participant ratio is lower than 1:100 (e.g. 1:50) or, if your pharmacy to participant ratio is lower than 1:300 (e.g. 1:100), please explain why:

PREPARED BY: Cathy McCann

TITLE: Program Director

DATE: May 20, 1985

N
Strawberry Fields
Rutabaga Bay
East Muskmelon
West Muskmelon
Elysian Fields
Carrothampton
Outer Slobovia
Asphodel
Gorgeous Gorges
North Artichoke
Pomegranateport
South Artichoke
Mundane ville
Ho Hum Hollow
West Petunia Falls

VENDORS' APPLICATIONS FOR AUTHORIZATION

A VENDOR MUST APPLY TO THE WIC PROGRAM EACH YEAR BEFORE BEING SELECTED AND AUTHORIZED

The vendor applications become available in July of each year.

Any vendor that wishes to participate in the WIC Program in the upcoming fiscal year must apply. No vendor automatically receives a new authorization.

Requests for vendor applications can be taken throughout the year for the upcoming fiscal year.

NOTIFYING VENDORS ABOUT THE APPLICATION PROCESS

IN JUNE, SEND EACH CURRENTLY PARTICIPATING WIC VENDOR A "VENDOR AUTHORIZATION EXPIRATION LETTER".

ALL VENDORS MUST REQUEST AND SUBMIT APPLICATIONS IN ORDER TO BE CONSIDERED FOR WIC AUTHORIZATION.

PUBLICITY FOR VENDORS MUST BE NON-DISCRIMINATORY.

NOTIFYING CURRENTLY PARTICIPATING VENDORS

The "VENDOR AUTHORIZATION EXPIRATION LETTER" formally notifies vendors that current WIC agreements expire on September 30, and that the application process begins in July.

Even participating vendors need to request and submit applications in order to be considered for a new WIC authorization agreement.

NOTIFYING VENDORS NOT CURRENTLY PARTICIPATING IN WIC

The State WIC Office makes public announcements of the vendor application process in at least six Massachusetts newspapers:

The Berkshire Eagle
The Boston Globe
The Boston Herald
The Providence Journal (Massachusetts edition)
The Springfield Daily News
The Worcester Telegram and Gazette

AUTHORIZATION EXPIRATION LETTER

Local Program Letterhead

Date:_____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Dear_____:

Your current authorization with the WIC Program expires on September 30, 198__.

If you would like to apply for authorization for Fiscal Year 19__ (October 1, 19__ to September 30, 19__), please notify me in writing before June 30, 19__.

Sincerely,

Local WIC Program Director
Local WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, 2rite immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Become a WIC Vendor

WIC provides food to 60,000 people in Massachusetts.

The Massachusetts WIC program will spend over $24 million this year in retail grocery stores, dairies, and pharmacies.

WIC WORKS!
Make WIC work for you!

The Special Supplemental Food Program for Women, Infants,and Children (WIC) is seeking applications from interested food vendors and pharmacies for Fiscal Year 1986, (Oct.1,1985 to Sept 30,1986).

To request an application, please write before July 15, 1985 to:

Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

Application Deadline is
July 31, 1985, 4:00 p.m.
For more information call:
1-(800)-WIC-1007

REQUESTS FOR VENDOR APPLICATIONS

ALL VENDORS MUST REQUEST WIC VENDOR APPLICATIONS IN WRITING.

YOU MUST SEND AN APPLICATION PACKET TO ANY VENDOR THAT HAS REQUESTED AN APPLICATION IN WRITING.

YOU MUST ACCEPT APPLICATION REQUESTS FROM ANY VENDOR AT ANY TIME DURING THE FISCAL YEAR.

Keep track of all vendor requests that you receive so you can process them within the appropriate deadlines.

Vendors may request applications for the current fiscal year, up until the deadline for submitting the completed applications has passed (usually July 31).

After that deadline, keep track of written requests that you receive for the following year.

DISTRIBUTING VENDOR APPLICATIONS

YOU MUST SEND ALL VENDOR APPLICATIONS BY CERTIFIED MAIL OR YOU MUST HAND-DELIVER THEM.

If you receive written application requests from a vendor, send the vendor an application as soon as you receive the written request. A vendor may request and receive an application up until the deadline for returning the completed applications.

BEFORE SENDING THE APPLICATIONS:

1. Stamp or write your local program name and address on each application price list.
2. Make sure that the box that says "Contract Application" is checked.
3. Make sure that the correct date for food prices (as established by the State WIC Office) has been filled in on all the pages of the price lists.

SENDING OR DELIVERING THE APPLICATIONS:

1. Send each application with a "VENDOR APPLICATION COVER LETTER".
2. You must obtain a written receipt for each application that you give or send to a vendor.
    - The Certified Mail receipt is an adequate receipt.
    - For hand-delivered application, the vendor must sign a "VENDOR APPLICATION RECEIPT".
3. File the application receipt in the vendor's file.

WIC

VENDOR AGREEMENT APPLICATION PACKET

FISCAL YEAR 1986

(October 1, 1985 - September 30, 1986)

APPLICATION DEADLINE:

Wednesday, July 31, 1985

4:00 P.M.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FAMILY HEALTH SERVICES
SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM
VENDOR AGREEMENT APPLICATION FY'86

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ATTACHMENTS

(A) "Mandatory Minimum" Checklist for Food Vendors
(B) Food Vendor Application and Price List (2 sheets)
(C) "Mandatory Minimum" Checklist for Pharmacies
(D) Pharmacy Application and Price List (1 sheet)

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

INTRODUCTION

MASSACHUSETTS WIC PROGRAM

WIC was legislated by Congress in 1972 to provide nutritious foods to women, infants and young children. Administered by the Massachusetts Department of Public Health, WIC currently contracts with 35 local health and social service agencies to provide services throughout Massachusetts.

Many low and moderate income women and children do not get essential nutrients. This places them at risk of health problems, including low birth weight, miscarriages, anemia and stunted growth. Therefore WIC provides both food and nutrition education to low and moderate income pregnant, postpartum, and breastfeeding women, infants and children under five who are at nutritional risk. WIC does not, however, have enough funds to serve all those who are eligible.

NUTRITION EDUCATION

The goal of WIC nutrition education is to promote healthy changes in participants' eating, food preparation and shopping habits. Once participants are certified for WIC, the local program nutritionist provides them with nutrition counseling.

Then the WIC nutritionist prescribes a specific food package for the participant. The WIC foods are milk, cheese, eggs, 100% fruit juice, iron-fortified cereals, peanut butter, dried peas and beans, infant formula and infant cereal. These foods are chosen to provide nutrients which are necessary for pregnant women and young children, but are most commonly deficient in American diets: iron, calcium, and Vitamins A, C and D.

WIC FOOD VOUCHERS

A participant receives 4-5 vouchers a month. Each voucher lists the specific foods prescribed and the amount provided for the month. WIC vouchers can be used only at authorized WIC stores. The participant takes the foods shown on the voucher to the cashier. The cashier rings up the WIC foods and enters the price on the voucher. The participant signs the voucher to certify the correct price has been written and gives it to the cashier. There is no exchange of money. The store is promptly reimbursed for the voucher when the manager deposits it in the store's bank.

WIC FOOD VENDORS AND PHARMACIES

As the actual distributors of the special WIC foods, the retail food vendors and pharmacies play a critical role in improving the health of members of their communities. It is important that vendors who are selected to participate cooperate with the WIC Program to ensure that WIC participants purchase the correct WIC foods with the WIC vouchers. Otherwise, the participants will not receive the foods they need.

Another equally important way that food vendors and pharmacies help maintain the WIC Program is to charge the WIC Program fair and reasonable prices. As mentioned earlier, the Massachusetts WIC Program cannot serve everyone who is eligible to participate in WIC. The lowest prices charged for WIC foods will help us to feed more people in need of the program.

IMPORTANT DATES

SUNDAY, JUNE 30, 1985	Public announcement of open competitive application process for WIC vendor agreements for Fiscal Year 1986. Notices are published in The Boston Globe, The Springfield Daily News, The Worcester Telegram and Gazette, The Providence Journal (Massachusetts edition) and The Berkshire Eagle.
MONDAY, JULY 1, 1985	The effective date of all food prices submitted on the WIC vendor application.
WEDNESDAY, JULY 31, 1985, 4:00 P.M.	DEADLINE FOR WIC PROGRAM RECEIPT OF APPLICATIONS FOR WIC VENDOR AGREEMENTS. THE LOCAL WIC PROGRAM WILL NOT CONSIDER ANY APPLICATIONS RECEIVED AFTER 4:00 P.M.***
SATURDAY, AUGUST 31, 1985	Last day for Local WIC Programs to postmark the acceptance or rejection notification of the WIC vendor agreement application. Local programs will send notices by certified mail, or they will be hand delivered.
MONDAY, SEPTEMBER 30, 1985	Deadline for signing WIC vendor agreements for Fiscal Year 1986.
OCTOBER 1, 1985 - SEPTEMBER 30, 1986	Duration of Fiscal Year 1986 agreement.

*** SPECIAL NOTICE TO VENDORS: The Massachusetts WIC Program strongly recommends that all written transactions be sent by certified mail or hand delivered. This prevents the possibility of loss or delay in the regular mail, and protects both the vendors who are submitting applications, and the local WIC programs. Vendors may use regular mail at their own risk. APPLICATIONS RECEIVED AFTER 4:00 P.M. ON WEDNESDAY, JULY 31, 1985 WILL NOT BE CONSIDERED.

VENDOR SELECTION PROCESS

** IMPORTANT **

THE SELECTION PROCESS IS VERY COMPETITIVE. ALL VENDORS WHO APPLY WILL NOT NECESSARILY BE SELECTED TO ENTER INTO A WIC VENDOR AGREEMENT. VENDORS' PRICES ARE A MAJOR FACTOR IN THE SELECTION PROCESS. IT IS IMPORTANT TO READ ALL OF THE INSTRUCTIONS CAREFULLY, AND TO FILL OUT THE INFORMATION EXACTLY AS REQUESTED. VENDORS ARE ENCOURAGED TO CONTACT THEIR LOCAL WIC PROGRAM FOR TECHNICAL ASSISTANCE IN COMPLETING THIS APPLICATION.

VENDOR SELECTION PLANS

Before any vendors are selected to enter into agreements with the WIC Program, each Local WIC Program designs a vendor selection plan for their catchment area. This plan, developed with guidance from the State WIC Office, identifies closely the number of food vendors and pharmacies needed to adequately serve the WIC participants in that area. The vendor selection plan is based on the following factors:

1. The need for food vendors, based on the number and distribution of WIC participants in a town or neighborhood served by the local program;
2. The need for pharmacies, based on the number and distribution of participants needing special infant formulas;
3. WIC participant shopping preferences;
4. Local WIC Program resources available for vendor training and monitoring;
5. The need, if any, for home delivery services, based on participant hardship in access to stores.

VENDOR SELECTION PROCESS (continued)

SELECTION CRITERIA

To select the vendors that will be awarded WIC Vendor Agreements for (Federal) Fiscal Year 1986, Local WIC Program Directors will apply the following criteria uniformly on a statewide basis:

1. TIMELINESS. Applications received after 4:00 P.M. on Wednesday, July 31, 1985 will not be considered. (A fair hearing will not be scheduled if an application is rejected for this reason.)

2. COMPLETENESS. Incomplete applications will not be considered. The vendor application must be filled out completely and accurately, and IT MUST BE SIGNED by the owner, manager, or other individual with legal authority to obligate the vendor.

3. ACCURACY. Inaccurate information in the application may be grounds for denial of an application or later disqualification from the WIC Program.

4. MANDATORY MINIMUM OF FOODS. Vendors must stock all of the required categories and varieties of the WIC foods listed on the "Mandatory Minimum" checklist at all times.

5. PRICE. Vendors will be ranked according to standard Massachusetts WIC composite price procedures. Vendors that meet all other criteria and have the lowest prices may be selected based on the local WIC program vendor selection plan. See further discussion of price criterion, below.

6. ACCESSIBILITY TO PARTICIPANTS. Vendors must be located in an area accessible to WIC participants as described by the vendor selection plan. (In other words, a vendor may have low prices but be located in an area not accessible to WIC participants, and therefore not be selected to be a WIC vendor.)

7. COMPLIANCE WITH WIC AND FOOD STAMP REGULATIONS. A vendor's current and prior compliance with the WIC Program and USDA Food Stamp Program regulations will be taken into consideration.

8. AVAILABILITY OF OPENINGS. The number of stores and home delivery services selected will be limited based on the Local Program's vendor selection plan. If the number of otherwise eligible vendors, based on the above criteria, exceeds the number of openings available at a local WIC Program, not all of the vendors will be selected.

VENDOR SELECTION PROCESS (continued)

ACCEPTANCE OR REJECTION OF APPLICATIONS; FAIR HEARINGS

Vendors who have been awarded agreements for Fiscal Year 1986 must sign their agreements no later than September 30, 1985. IT IS THE RESPONSIBILITY OF THE VENDOR TO COMPLY WITH THE ARRANGEMENTS MADE BY THE LOCAL WIC PROGRAM FOR SIGNING THE AGREEMENT.

If an application is rejected for any reason except late submission and a vendor wishes to appeal the decision, the vendor must request a fair hearing in writing within 30 days of the receipt of the rejection notification to the following address:

Jerilyn Ford, Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

HOW DOES THE WIC PROGRAM JUDGE PRICES?

A vendor's prices are a crucial factor in the decision whether to accept that vendor's application. If a vendor thinks that its prices may not be competitive, but wishes to obtain a WIC agreement, the vendor is encouraged to offer lower prices on WIC foods. (The Massachusetts WIC Program will then monitor the vendor's prices to ensure that these lower prices are actually used.)

If a WIC vendor application meets the "Mandatory Minimum" of WIC foods, as described later in this packet, the Local WIC Program then determines whether the vendor's prices are competitive, using guidelines published by the State WIC Office. Food vendors' prices and pharmacies' prices are considered separately. In order to rank the food vendors' prices, the Local WIC Program determines a single "composite" price for each vendor. The composite price includes the prices of a wide variety of WIC foods, and takes into account that some foods are sold in a higher volume than others. The Local WIC Program then ranks the vendors according to their composite prices. Pharmacies' prices are similarly ranked, using a composite price for infant formulas.

In order for the price comparisons to be fair, the vendor must certify that the prices submitted as part of the application for the WIC vendor agreement are the HIGHEST ACTUAL SHELF PRICES AT THAT LOCATION for July 1, 1985 - that is, the prices of the most expensive brands.

More detailed information about how the "composite price" is obtained will be available to the public after the application deadline. To obtain this information, address a written request to:

Jerilyn Ford, Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

IMPORTANT: after an agreement is signed, the WIC Program will continue to review vendors' prices, using both the quarterly price reports and the prices submitted on vouchers. A vendor's agreement may be terminated at any time based on an unreasonable increase in prices, as set forth in the WIC vendor agreement.

WHAT IS THE "MANDATORY MINIMUM" FOR FOOD VENDORS?

In order for an application to be considered, the vendor must stock all ten (10) categories of the WIC foods as described below. These foods must be fresh, and there must be an adequate supply so that WIC participants are able to purchase them whenever the vendor is open for business.

A Mandatory Minimum Checklist is included for your convenience as Attachment A.

THE "MANDATORY MINIMUM" OF THE WIC FOODS IS:

A. MILK

1. Whole milk in quarts and half-gallon containers, and
2. Liquid lowfat milk or liquid nonfat (skim) milk, and
3. 13 ounce cans of evaporated milk, or one (1) pound boxes of dry milk.

B. CHEESE

At least three (3) of the following types of cheese in package combinations that add up to 16 ounces - (one (1) pound):

American
Brick
Cheddar
Colby
Monterey Jack
Mozzarella - whole milk or part skim
Muenster
Provolone
Swiss

Only pure cheese may be purchased with WIC food vouchers. "Cheese food," "cheese food product," and "cheese spread" are not allowed. Deli cheese of the above types only is now permitted.

C. EGGS

Grade A, large.

Eggs must be available in one (1) dozen and in one-half dozen containers.

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

D. JUICE

1. The following three flavors of 100% pure juice:

   - orange juice, and
   - grapefruit juice, and
   - Hood or West Lynn Creamery apple juice in cartons, or frozen Seneca apple juice in red cans

2. At least two (2) of the following types of 100% pure fresh juice in bottles or cartons (at least one of which must be available in quart containers):

   - orange juice
   - grapefruit juice
   - Hood apple juice in cartons
   - West Lynn Creamery apple juice in cartons

3. At least two (2) of the following types of 100% pure frozen juice:

   - orange juice
   - grapefruit juice
   - Seneca apple juice in red cans

E. CEREAL

At least five (5) of the following types and/or sizes of cereal:

(General Mills)	Corn Total - 10 oz.
(General Mills)	Kix - 9 oz.
(General Mills)	Total - 8 oz.
(General Mills)	Total - 12 oz.
(General Mills)	Total - 18 oz.
(Kellogg's)	Bran Flakes - 11.5 oz.
(Kellogg's)	Bran Flakes - 16 oz.
(Kellogg's)	Bran Flakes - 20 oz.
(Kellogg's)	Product 19 - 9.5 oz.
(Kellogg's)	Product 19 - 12 oz.
(Kelloggs)	Product 19 - 15.4 oz.
(Nabisco)	Cream of Wheat (Unflavored) - 10 oz. Mix and Eat
(Nabisco)	Cream of Wheat (Unflavored) - 14 oz.
(Nabisco)	Cream of Wheat (Unflavored) - 28 oz.
(Quaker)	Halfsies - 12 oz.
(Quaker)	Instant Oatmeal (Regular) - 12 oz.
(Standard Milling)	Maltex - 20 oz.
(Standard Milling)	Maypo (30 Second Oatmeal) - 14 oz.
(Standard Milling)	Maypo (Vermont Style) - 19 oz.

F. PEANUT BUTTER

18 ounce (one (1) pound, two (2) ounce) jars of plain peanut butter, smooth or chunky, any brand(s).

Peanut butter mixed with jelly, marshmallow, or other flavorings is not allowed.

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

G. DRIED PEAS OR BEANS

At least three (3) of the following types of dried peas and beans packaged in one (1) pound packages:

aduki beans	fava beans	pigeon peas
black beans	great northern beans	pink beans
black-eyed peas	kidney beans	pinto beans
chick peas/ garbanzo beans	lentils	soy beans
	large lima beans	green split peas
cow peas	mung beans	yellow split peas
cranberry beans	navy beans	small white beans
crowder beans	whole dried peas	yellow-eye peas

H. INFANT FORMULA WITH IRON

1. Milk-based, 13 ounce concentrate, any brand, and
2. Soy-based, 13 ounce concentrate, any brand.

I. INFANT JUICE

Any flavor, 4.2 ounce jars, any brand.

J. IRON-FORTIFIED INFANT CEREAL

Plain cereal, any type, no added fruit, eight (8) ounce packages, any brand.

WHAT IS THE "MANDATORY MINIMUM" FOR PHARMACIES?

In order for a pharmacy to be considered for a WIC vendor agreement, the pharmacy must stock all three (3) of the following categories of infant formulas: formula with iron, formula without iron, and special prescription formulas. The formulas must be fresh, and there must be an adequate supply so that WIC participants are able to purchase them whenever the pharmacy is open for business. Furthermore, the pharmacy must be willing and able to provide any of the formulas not usually stocked within 48 hours.

If a pharmacy wishes to provide WIC foods in addition to formulas, they must complete the food vendor application in addition to the pharmacy application.

A pharmacy Mandatory Minimum Checklist is included for your convenience as Attachment C.

THE "MANDATORY MINIMUM" OF THE WIC FOODS FOR PHARMACIES IS:

A. IRON-FORTIFIED INFANT FORMULA

1. Milk-based, 13 ounce concentrate - any brand, and
2. Soy-based, 13 ounce concentrate - any brand, and
3. Milk or soy-based, one (1) pound can powdered - any brand, or soy-based, 14 ounce can powdered, and
4. Milk-based, 32 ounce ready-to-feed - any brand, and
5. Soy-based, 32 ounce ready-to-feed - any brand.

B. INFANT FORMULA WITHOUT IRON

1. Milk-based, 13 ounce concentrate - any brand, and
2. Milk-based, 32 ounce ready-to-feed - any brand.

C. SPECIAL PRESCRIPTION INFANT FORMULA

At least two (2) of the following types of special prescription infant formulas:

Ensure	Portagen
Ensure Osmolite	Pregestimil
Isocal	Product 3200AB
Lofenalac	Product 3200K
Meat Base Formula	Product 3232A
MSUD Diet Powder	Product 80056
Nutramigen	RCF
Phenyl-Free	Sustacal
PKU-1	Sustagen
PKU-2	Vital

NOTICE TO HOME DELIVERY APPLICANTS

The WIC Program distinguishes the need for home delivery services from the need for stores as WIC vendors. Federal regulations require much more extensive monitoring of home delivery services than stores, to ensure that the program's requirement are met, and thus more WIC resources are required for monitoring if home delivery services are used. Therefore in awarding vendor agreements, the WIC Program will give preference to stores over home delivery services, unless there is a specific need for home delivery in a given area.

Each Local WIC Program determines the need for home delivery services, based on whether participants have access to stores in a given area, and with consideration given to the resources available for monitoring. Home delivery applications are then evaluated according to the criteria given above. As for stores, price is a major factor in the selection process.

HOW TO FILL OUT THE WIC VENDOR APPLICATION

1. Select the appropriate application(s) and food price list included in this packet. Food vendors use the WIC Food Vendor Application (Attachment B). Pharmacies use the WIC Pharmacy Application (Attachment D).

2. PLEASE TYPE OR PRINT ALL ITEMS CLEARLY.

3. The WIC Program will not consider incomplete applications. Fill out all parts of the application and do not leave any questions blank.

4. You must list the names of all owners of the business (item 5 on the application. If the business is a corporation, give the corporate name (item 5) and list the names of the president, vice president, and treasurer. If there is more than one vice president, list the vice president who is chiefly responsible for the operation of the store.

5. It is important that the estimate for annual gross sales be as accurate as possible. Refer to the vendor's most recent state or federal income tax return for an accurate figure of gross annual sales. For vendors that have not been in business for one full year, estimate the annual gross sales using available figures. You must provide this information for the application to be considered.

6. Complete the information at the top of the price list.

7. Fill out the price list carefully and completely. Do not estimate or project prices. The prices must reflect the HIGHEST ACTUAL SHELF PRICES for the foods on July 1, 1985. When the food price list does not specify the brand name of the WIC food item, select the brand with the HIGHEST price. We ask you for your HIGHEST ACTUAL SHELF price for monitoring purposes and to assess monetary claims against vendors who overcharge the WIC Program, and to evaluate prices charged by vendors. Fill in the price of the item, and indicate in the space provided the brand name of the item used.

8. Each chain outlet must prepare its own price list, although it is permissible to have the corporate office sign the application. CHAIN OUTLETS MAY NOT SUBMIT COPIES OF A PRICE LIST PREPARED BY THE CORPORATE OFFICE; YOU MUST SUBMIT YOUR OUTLET'S ACTUAL PRICES.

9. IF A SPACE IS LEFT BLANK ON THE PRICE LIST, THE WIC PROGRAM WILL ASSUME THAT THE VENDOR DOES NOT CARRY THAT PARTICULAR FOOD ITEM. Use the "Mandatory Minimum Checklist" to see if your price list is complete. Your application will be denied if you do not give prices for the Mandatory Minimum of foods.

10. Sign and date both the first page of the application(s) and the price list. THE APPLICATION AND PRICE LIST ARE INVALID IF THEY ARE NOT SIGNED.

11. The deadline for the local WIC program to receive the completed application is 4:00 P.M. on Wednesday, July 31, 1985.

ATTACHMENT A

"MANDATORY MINIMUM" CHECKLIST FOR FOOD VENDORS

Notice to food vendors: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

☐ 1. Whole milk in quart containers

☐ 2. Whole milk in half gallon containers

☐ 3. Liquid lowfat or liquid nonfat milk

☐ 4. 13 ounce cans evaporated milk or 1 pound boxes dry milk

☐ 5. Three types of cheese

☐ 6. Cheese package sizes combine to add up to one (1) pound

☐ 7. Grade A large eggs

☐ 8. Dozen and 1/2 dozen egg containers

☐ 9. Apple (Hood, West Lynn Creamery or Seneca), orange, and grapefruit juice (all 3 flavors)

☐ 10. Two types of fresh juice (orange, grapefruit, or apple)

☐ 11. Fresh juice in quart containers

☐ 12. Two types of frozen juice (orange, grapefruit, or apple)

☐ 13. Five types and/or sizes of cereal

☐ 14. 18 ounce jars of peanut butter

☐ 15. Three types of dried peas or beans in one (1) pound packages

☐ 16. Infant formula with iron, 13 ounce concentrate - milk-based

☐ 17. Infant formula with iron, 13 ounce concentrate - soy-based

☐ 18. 4.2 ounce jars infant juice

☐ 19. 8 ounce packages plain iron-fortified infant cereal

ATTACHMENT B

MASSACHUSETTS WIC PROGRAM

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

FISCAL YEAR 1986 FOOD VENDOR APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1. STORE/DAIRY NAME _____

2. STREET _____

   CITY _____ STATE _____ ZIP _____

3. MAILING ADDRESS (If different from above)

   _____

4. TELEPHONE _____ extension _____

5. OWNER(S) OR CORPORATE NAME _____

6. NAMES OF OFFICERS (If corporation)

   President _____

   Vice President _____ Treasurer _____

7. MANAGER (If different from owner) _____

8. PERSON AT STORE RESPONSIBLE FOR WIC _____

9. TYPE OF FOOD VENDOR (check one) ____ Independent ____ food cooperative ____ franchise

   ____ chain outlet (5 stores or less) ____ chain outlet (more than 5 stores) ____ dairy truck

All vendors: 10. ANNUAL GROSS SALES $ _____

11. HOURS OF BUSINESS: weekdays _____ Saturday _____ Sunday _____

Stores only: 12. NUMBER OF SQUARE FEET OF SELLING SPACE _____

13. NUMBER OF CHECKOUT AISLES _____

Home delivery only: 14. TOWNS/NEIGHBORHOODS SERVED _____

_____

15. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____

16. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS,

AND WHEN WAS IT IN OPERATION? _____

17. DOES THIS STORE/DAIRY NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____

18. HAS THIS STORE/DAIRY EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY

ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____ IF YES, PLEASE STATE WHEN AND EXPLAIN

WHY _____

20. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the HIGHEST ACTUAL SHELF PRICES for July 1, 1985. I understand that should my retail outlet be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate quarterly price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Signed _____ Title _____

Date _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

WIC OFFICE USE ONLY

Date received _____

Application accepted ____

Application denied ____ Check reason(s)

1. ____ late
2. ____ incomplete
3. ____ inaccurate application
4. ____ no mandatory minimum
5. ____ high prices
6. ____ not accessible to participants
7. ____ poor WIC compliance history
8. ____ poor Food Stamp compliance history

MASSACHUSETTS WIC PROGRAM FOOD VENDOR PRICE LIST

LOCAL WIC PROGRAM

STORE DAIRY NAME _____

ADDRESS _____ TELEPHONE _____

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985. USE BLACK INK.

FLUID MILK

	QUART	BRAND	½ GALLON	BRAND	GALLON	BRAND
WHOLE						
LOWFAT						
NONFAT (SKIM)						

DRY MILK

	1 LB	BRAND
WHOLE		
LOWFAT		
NONFAT (SKIM)		

EVAPORATED MILK

	13 oz	BRAND
WHOLE		
SKIM		

EGGS

	GRADE A LARGE
1 DOZEN	
½ DOZEN	

CHEESE

	6 oz	8 oz	10 oz	16 oz	WIC USE
AMERICAN					
BRICK					
CHEDDAR					
COLBY					
MONTEREY JACK					
MOZZARELLA Whole Milk					
MOZZARELLA Part Skim					
MUENSTER					
PROVOLONE					
SWISS					
WIC USE					

CEREAL

General Mills CORN TOTAL	10 oz	
General Mills KIX	9 oz.	
General Mills TOTAL	8 oz.	
	12 oz.	
	18 oz.	
Kellogg's BRAN FLAKES	11.5 oz.	
	16 oz.	
	20 oz.	
Kellogg's PRODUCT 19	9.5 oz.	
	12 oz.	
	15.4 oz.	
Nabisco CREAM OF WHEAT — Unflavored	10 oz. Mix & Eat	
	14 oz.	
	28 oz.	
Quaker HALFSIES	12 oz.	
Quaker INSTANT OATMEAL — Regular	12 oz.	
Standard Milling MALTEX	20 oz.	
Standard Milling MAYPO — 30 Sec. Oatmeal	14 oz.	
Standard Milling MAYPO — Vermont Style	19 oz.	
WIC USE		

PEANUT BUTTER

18 oz	BRAND

DRIED PEAS OR BEANS

1 LB. PKG.	TYPE OF PEA OR BEAN

JUICE

BOTTLE OR CARTON	1 QUART	BRAND	½ GALLON	BRAND
ORANGE				
GRAPEFRUIT				
APPLE	—	—		HOOD — CARTONS
	—	—		WEST LYNN CREAMERY CARTONS

FROZEN	6 oz.	BRAND	12 oz.	BRAND
ORANGE				
GRAPEFRUIT				
APPLE		SENECA — RED CANS		SENECA — RED CANS

MASSACHUSETTS WIC PROGRAM FOOD VENDOR PRICE LIST (continued)

STORE DAIRY NAME _____

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985. USE BLACK INK.

REGULAR INFANT FORMULA

MILK-BASED	13 oz CONCENTRATE	32 oz READY-TO-FEED	1 lb POWDER	4 1.06 oz POWDER PKTS
ENFAMIL With Iron				—
SIMILAC With Iron				
SIMILAC WHEY With Iron				—
SMA (With Iron)				
ENFAMIL (Without Iron)				—
SIMILAC (Without Iron)				
SMA Lo-Iron				—
PM 60/40 (Without Iron)	—	—		—

SOY-BASED	13 oz CONCENTRATE	32 oz READY-TO-FEED	14 oz POWDER	4 1.06 oz POWDER PKTS
ISOMIL				
ISOMIL SF			—	—
NURSOY			—	—
PROSOBEE				—
	13 oz CONCENTRATE	32 oz READY-TO-FEED	1 lb POWDER	18/1 2 oz POWDER PKTS
I-SOYALAC				
SOYALAC				

INFANT JUICE

4.2 oz. JAR	BRAND

INFANT CEREAL

8 oz. IRON-FORTIFIED	BRAND	16 oz. IRON-FORTIFIED	BRAND

FOR WIC OFFICE USE ONLY:
- ☐ CONTRACT APPLICATION
- ☐ ROUTINE INSPECTION
- ☐ RESPONSE TO COMPLAINT
- ☐ QUARTERLY PRICE REPORT
- ☐ SPANISH TRANSLATION GIVEN

I CERTIFY THAT THE PRICES ENTERED ON BOTH PAGES OF THIS PRICE LIST ARE THE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985.

SIGNATURE _____ DATE _____

THIS IS AN EQUAL OPPORTUNITY PROGRAM. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP, WRITE IMMEDIATELY TO THE SECRETARY OF AGRICULTURE, WASHINGTON, D.C. 20250

ATTACHMENT C

"MANDATORY MINIMUM" CHECKLIST FOR PHARMACIES

Notice to pharmacies: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

☐ 1. Infant formula with iron, milk-based; 13 ounce concentrate

☐ 2. Infant formula with iron, soy-based; 13 ounce concentrate

☐ 3. Infant formula with iron, 1 pound can powdered (milk or soy) or 14 ounce can powdered (soy)

☐ 4. Infant formula with iron, milk-based; 32 ounce ready-to-feed

☐ 5. Infant formula with iron, soy-based; 32 ounce ready-to-feed

☐ 6. Infant formula without iron, milk-based; 13 ounce concentrate

☐ 7. Infant formula without iron, milk-based; 32 ounce ready-to-feed

☐ 8. Two types of the special prescription infant formulas

ATTACHMENT D

MASSACHUSETTS WIC PROGRAM

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

FISCAL YEAR 1986 PHARMACY APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1. PHARMACY NAME _____

2. STREET _____

   CITY _____ STATE _____ ZIP _____

3. MAILING ADDRESS (If different from above)

   _____

4. TELEPHONE _____ extension _____

5. OWNER(S) OR CORPORATE NAME _____

   _____

6. NAMES OF OFFICERS (If corporation)

   President _____

   Vice President _____ Treasurer _____

7. MANAGER (If different from owner) _____

8. PERSON AT STORE RESPONSIBLE FOR WIC _____

9. TYPE OF PHARMACY (check one)

   ____ chain pharmacy ____ franchise ____ independent pharmacy ____ pharmacy section of a larger store

10. ANNUAL GROSS SALES $ _____

11. NUMBER OF SQUARE FEET OF SELLING SPACE _____

12. HOURS OF BUSINESS weekdays _____ Saturday _____ Sunday _____

13. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____

14. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS, AND WHEN WAS IT IN OPERATION? _____

15. DOES THIS PHARMACY NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____

16. HAS THIS PHARMACY EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____ IF YES, PLEASE STATE WHEN AND EXPLAIN WHY _____

    _____

17. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____

WIC OFFICE USE ONLY

Date received _____

Application accepted _____

Application denied _____ Check reason(s)

1. ____ late
2. ____ incomplete
3. ____ inaccurate application
4. ____ no mandatory minimum
5. ____ high prices
6. ____ not accessible to participants
7. ____ poor WIC compliance history
8. ____ poor Food Stamp compliance history

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the HIGHEST ACTUAL SHELF PRICES for July 1, 1985. I understand that should my retail outlet be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate quarterly price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Signed _____ Title _____

Date _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MASSACHUSETTS WIC PROGRAM PHARMACY PRICE LIST

LOCAL WIC PROGRAM

PHARMACY NAME: _____

ADDRESS: _____ TELEPHONE: _____

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985. USE BLACK INK.

REGULAR INFANT FORMULA

MILK-BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	1 lb. POWDER	4/1.06 oz. POWDER PKTS.
ENFAMIL With Iron				—
SIMILAC With Iron				
SIMILAC WHEY With Iron				—
SMA (With Iron)				
ENFAMIL (Without Iron)				—
SIMILAC (Without Iron)				
SMA Lo-Iron				—
PM 60/40 (Without Iron)	—	—		—

SOY-BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	14 oz. POWDER	4/1.06 oz. POWDER PKTS.
ISOMIL				
ISOMIL SF			—	—
NURSOY			—	—
PROSOBEE				—

	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	1 lb. POWDER	18/1.2 oz. POWDER PKTS.
I-SOYALAC				
SOYALAC				

SPECIAL PRESCRIPTION INFANT FORMULAS

	32 oz. READY-TO-FEED	14 oz. POWDER
ENSURE		
ENSURE OSMOLITE	32 oz. READY-TO-FEED	
ISOCAL	32 oz. READY-TO-FEED	
LOFENALAC	2.5 lb POWDER	
MEAT BASE FORMULA	15 oz CONCENTRATE	
MSUD DIET POWDER	2.5 lb POWDER	
NUTRAMIGEN	1 lb POWDER	

	2.5 lb. POWDER
PHENYL-FREE	
PKU-1	1.1 lb. POWDER
PKU-2	1.1 lb. POWDER
PORTAGEN	1 lb. POWDER
PREGESTIMIL	1 lb POWDER
PRODUCT 3200AB	1 lb POWDER
PRODUCT 3200K	1 lb POWDER

	1 lb POWDER		
PRODUCT 3232A			
PRODUCT 80056	5 lb. POWDER		
RCF	13 oz. CONCENTRATE		
SUSTACAL	32 oz READY-TO-FEED	3.8 lb POWDER	4/1.9 oz. POWDER PKTS.
SUSTAGEN	1 lb POWDER	2.5 lb POWDER	5 lb POWDER
VITAL	4/2.75 oz POWDER PKTS		

FOR WIC OFFICE USE ONLY:
- ☐ CONTRACT APPLICATION
- ☐ ROUTINE INSPECTION
- ☐ RESPONSE TO COMPLAINT
- ☐ QUARTERLY PRICE REPORT
- ☐ SPANISH TRANSLATION GIVEN

I CERTIFY THAT THE PRICES ENTERED ON THIS PRICE LIST ARE THE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985.

SIGNATURE _____ DATE _____

THIS IS AN EQUAL OPPORTUNITY PROGRAM. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP, WRITE IMMEDIATELY TO THE SECRETARY OF AGRICULTURE, WASHINGTON, D.C. 20250

VENDOR APPLICATION COVER LETTER

Local Program Letterhead

Date:_____

Dear Vendor:

Thank you for your interest in Massachusetts' Special Supplemental Food Program for Women, Infants, and Children (WIC Program). I have enclosed an application packet for authorization as a WIC vendor for Fiscal Year 198___ (October 1, 198__ to September 30, 198__).

PLEASE READ THE ENTIRE PACKET CAREFULLY.

In order to be considered for WIC vendor authorization, the store or dairy owner or her/his legal designee must complete and sign the enclosed vendor application and price list(s), and return them to this office no later than 4:00 p.m., [day]_____ , July ___, 198__.

WE WILL NOT CONSIDER ANY APPLICATIONS RECEIVED AFTER THIS DEADLINE.

As in the past, we have a limited number of authorizations available for WIC vendors. Prior participation in the WIC Program in and of itself does not guarantee that a vendor will receive WIC vendor authorization for Fiscal Year 198__.

You will find the criteria for acceptance outlined in the attached application packet.

The WIC Program will send out the notifications of authorization awards and rejections by August ____, 19__.

Again, thank you for your interest. If you have any questions or need help in filling out the application or price list, please feel free to contact us at _____.

Sincerely,

Local WIC Program Director
Local WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

VENDOR APPLICATION COVER LETTER - SPANISH

Local Program Letterhead

Fecha: _____

Estimado Vendedor:

Gracias por su interés en el Programa Especial de Alimentos Suplementarios para Mujeres, Infantes, y Niños (WIC Program). Adjunto encontrará un paquete de aplicación de autorización para vendedor de WIC para el Año Fiscal 198__ (Octubre 1, 198__ a Setiembre 30, 198__).

POR FAVOR LEA TODO EL PAQUETE CUIDADOSAMENTE.

Para ser considerado para autorización como vendedor de WIC, el dueño de la tienda o lecheria ó su representante legal debe completar y firmar la aplicación para vendedor y lista(s) de precios adjuntas, y devolverlas a ésta oficina antes de las 4:00 p.m. del [day] _____, [date] ____ de Julio de 19__.

NO SE CONSIDERARÁ NINGUNA APLICACIÓN RECIBIDA DESPUES DE ESTA FECHA.

Como en el pasado, tenemos un número limitado de autorizaciones disponibles para vendedores de WIC. Previa participación en el Programa WIC no garantiza que el vendedor recibirá autorización de vendedor de WIC para el Año Fiscal 19__.

Usted encontrará en el paquete de aplicación adjunto descripción de los factores que influirán en la aceptación para autorización.

El programa WIC enviará notificaciones de aplicaciones aceptadas o rechazados a partir del [date]__ de Agosto de 19__.

De nuevo agradecemos su interés. Si tiene alguna pregunta ó necesita ayuda para llenar la aplicación ó lista de precios, por favor pongase en contacto con nosotros al teléfono _____.

Sinceramente,

Local WIC Program Director
Local WIC Program

Este es un Programa de Igualdad de Oportunidades. Si cree que por raza, color, nacionalidad, edad, sexo, ó por ser incapacitado fisicamente ha sido discriminado, escriba de inmediato a la Secretaria de Agricultura, Washington, D.C. 20250.

VENDOR APPLICATION PACKET RECEIPT

Local Program Letterhead

Date: _____

This certifies that I have received a WIC Vendor Application Packet for Fiscal Year 19___ from the _____ WIC Program.

Received by: _____
Signature

_____
Name (please print)

For: _____
Vendor Name

_____
Vendor Address

Received from: _____
WIC Staff Signature

_____
Name (please print)

_____
Title

VENDOR APPLICATION PACKET RECEIPT - SPANISH

Local Program Letterhead

Fecha: _____

Esto certifica que he recibido el paquete de aplicación para autorización para vendedor de WIC para el Año Fiscal 198___ del _____ Programa WIC.

Recibido por: _____
Firma

_____
Nombre (en letra de imprenta)

Para: _____
Nombre de Vendedor

_____
Dirección del Vendedor

Recibido de: _____
WIC Staff Signature -- Firma de Empleado de WIC

_____
Name (please print) -- Nombre (en letra de imprenta)

_____
Title -- Titulo

RECEIVING VENDOR APPLICATIONS

YOU MAY NOT ACCEPT VENDOR APPLICATIONS AFTER THE STATED DEADLINE

UPON RECEIPT OF A COMPLETED APPLICATION:

1. Date and initial each application as you receive it.
2. Give written receipts for their completed applications to vendors who request them.

LATE APPLICATIONS

The application deadline is clearly stated on the front page and in many places throughout the application packet.

Return a late application to the vendor with a "LATE APPLICATION LETTER". Keep a copy of the letter for your files.

** DO NOT ACCEPT LATE APPLICATIONS **

LATE APPLICATION LETTER

Local Program Letterhead

Date:_____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Dear _____:

We cannot accept your application for WIC vendor authorization. The deadline for receipt of this application was _____. This deadline was clearly stated in your application packet.

Since your application was received on _____, we regret that we cannot accept it for this authorization cycle.

If you are interested in requesting an application for WIC authorization for Fiscal Year _____ (from October 1, 19____ to September 30, 19____), please contact the WIC Program next spring.

Sincerely,

Local WIC Program Director
Local WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

LATE APPLICATION LETTER - SPANISH

Local Program Letterhead

Date: _____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Estimado _____:

Nosotros no podemos aceptar su aplicación para autorizacion como vendedor de WIC. La última fecha para recibir las aplicaciones fue _____. Esta fecha fue claramente establecida en su paquete de información.

Puesto que su aplicación fue recibida _____ sentimos decirle que no podemos aceptarla para este Año Fiscal.

Si usted está interesado en solicitar una aplicación de autorización para el Año Fiscal _____ (de Octubre 1,19___ a Setiembre 30, 19____) por favor pongase en contacto con el Program WIC en la proxima primavera.

Sinceramente,

Local WIC Program Director
Local WIC Program

Este es un Programa de Igualdad de Oportunidades. Si cree que por raza, color, origen, edad, sexo ó por ser incapacitado fisicamente ha sido discriminado, escriba de inmediato a la Secretaria de Agricultura, Washington, D.C. 20250.

VENDOR SELECTION

SELECT VENDORS THAT:

1. SUBMIT TIMELY, COMPLETE AND ACCURATE APPLICATIONS
2. MEET THE MANDATORY MINIMUM OF WIC FOODS
3. HAVE THE LOWEST COMPOSITE PRICES
4. ARE ACCESSIBLE TO WIC PARTICIPANTS
5. HAVE A HISTORY OF COMPLIANCE WITH WIC PROGRAM AND WITH FOOD STAMP REGULATIONS
6. MEET THE NEEDS OF YOUR VENDOR SELECTION PLAN

1. Review the applications submitted before the deadline for completeness and accuracy.
2. Review the applications for the Mandatory Minimum of WIC foods.
3. Compute Composite Prices, and rank food vendors and pharmacies.
4. Ask the State WIC Office about WIC Program and Food Stamp Program compliance. Do not select vendors disqualified from Food Stamps if their disqualification period extends past September 30.
5. Choose vendors sequentially, starting with the lowest priced vendor. Select enough vendors to fill the needs of your selection plan, and select the lowest priced vendor(s) for each area in your selection plan.

PRELIMINARY REVIEW OF VENDOR APPLICATIONS

1. VENDOR APPLICATIONS MUST BE COMPLETE

2. VENDOR APPLICATIONS MUST BE SIGNED AND DATED

3. VENDORS DISQUALIFIED FROM FOOD STAMPS AS OF THE FIRST DAY OF THE UPCOMING FISCAL YEAR MAY NOT BE CONSIDERED FOR WIC AUTHORIZATION

1. The vendor must answer all questions on the application.

   A vendor must include information on gross annual sales. An application is incomplete and unacceptable without this information.

   If there are prices not filled in for some of the foods in the Mandatory Minimum, ask the vendor before the deadline whether the vendor has those foods. You may not fill in blanks on the application yourself.

2. The vendor must sign and date both the application and the price list.

3. You may not authorize a vendor that is disqualified from Food Stamps if their disqualification period extends past September 30. Use the "FOOD STAMP DISQUALIFICATION LETTER". If the disqualification runs out by September 30, you must consider that vendor's application.

4. You may not authorize a vendor with an outstanding monetary claim made by the State WIC Office.

FOOD STAMP DISQUALIFICATION LETTER

Local Program Letterhead

DATE: _____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Dear _____:

As of today's date, your WIC Vendor Agreement is no longer valid.

We have received notification from the U.S. Department of Agriculture regarding your disqualification from the Food Stamp Program. Section 246.10(k)(1)(ii) of the Federal Regulations governing the WIC Program states "the State (WIC) agency is allowed to disqualify a food vendor from the WIC Program who is currently disqualified from another FNS Program."

Beginning today, and for the duration of the fiscal year (until September 30, 198__), you are no longer authorized to accept WIC vouchers. Any more vouchers that you do accept will not be honored at the bank.

You must surrender to me immediately your WIC Vendor Authorization Stamp, and any other WIC materials in your possession.

Please submit any WIC vouchers that you have in your possession as of today before [30 days from date of letter.]

If you wish to appeal this decision, you may request a fair hearing. You must request a fair hearing in writing within thirty days of your receipt of this letter. Address your request to:

Ms. Jerilyn Ford, Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd Floor
Boston, Massachusetts 02111

Sincerely,

Local WIC Program Director
Local WIC Program

cc: Jerilyn Ford, Vendor Coordinator
Massachusetts WIC Program

Received by: _____ Date: _____
Signature of Vendor's Representative

for: _____
Vendor's Name (store or dairy)

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

THE MANDATORY MINIMUM

TO RECEIVE WIC AUTHORIZATION, A VENDOR MUST CARRY EVERY ITEM OF THE MANDATORY MINIMUM OF WIC FOODS

The Mandatory Minimum guarantees that a participant is able to purchase an entire voucher's worth of food (or an entire month's worth of food) from the vendor at one time, and that the participant may have some choice in purchasing that food. The foods must be fresh and in adequate supply so that participants may purchase them whenever the vendor is open for business.

There are two sets of Mandatory Minimum criteria: one for food vendors, and one for pharmacies.

DISTINGUISHING BETWEEN "FOOD VENDORS" AND "PHARMACIES"

In some instances, the distinction between a "food vendor" and a "pharmacy" is not clear. Some vendors usually referred to as "pharmacies" actually stock a wide variety of foods; some vendors usually referred to as "food vendors" actually stock a large selection of infant formulas.

A vendor needs to meet the Mandatory Minimum criterion either for a pharmacy or for a food vendor--not both. A vendor's category is defined by the foods it has in stock. This is determined by the Mandatory Minimum.

For example, if a vendor commonly referred to as a "pharmacy" meets selection criteria for food vendors--including Mandatory Minimum and competitive Composite Price--but not for pharmacies, you must register that vendor as a "food vendor", not as a "pharmacy".

You may not meet your food vendor needs with pharmacies, unless those pharmacies can also meet all the selection criteria for food vendors.

If the vendor meets all the selection criteria for both categories, you may authorize the vendor for participation in the WIC Program, and then choose to designate that vendor as a "food vendor" or as a "pharmacy", depending upon which is most appropriate within your vendor selection plan.

REVIEWING VENDOR APPLICATIONS FOR THE MANDATORY MINIMUM

1. Complete a "FOOD VENDOR SELECTION CHECKLIST" or a "PHARMACY SELECTION CHECKLIST" for each vendor.

2. Any vendor that cannot meet all of the requirements of the Mandatory Minimum is not eligible to participate as a WIC vendor.

VENDOR NAME AND LOCATION: _____

LOCAL WIC PROGRAM: _____

FOOD VENDOR SELECTION CHECKLIST

Mandatory Minimum

☐ 1. Whole milk in quart containers

☐ 2. Whole in half gallon containers

☐ 3. Liquid lowfat or liquid nonfat milk

☐ 4. 13 ounce cans evaporated milk or 1 pound boxes dry milk

☐ 5. Three types of cheese

☐ 6. Cheese packages combine to add up to one (1) pound

☐ 7. Grade A large eggs

☐ 8. Dozen and 1/2 dozen egg containers

☐ 9. Apple (Hood, West Lynn Creamery or Seneca), orange, and grapefruit juice (all 3 flavors)

☐ 10. Two types of fresh juice (orange, grapefruit, or apple)

☐ 11. Fresh juice in quart containers

☐ 12. Two types of frozen juice (orange, grapefruit, or apple)

☐ 13. Five types and/or sizes of cereal

☐ 14. 18 ounce jars of peanut butter

☐ 15. Three types of dried peas or beans in one (1) pound packages

☐ 16. Infant formula with iron, 13 ounce concentrate - milk-based

☐ 17. Infant formula with iron, 13 ounce concentrate - soy-based

☐ 18. 4.2 ounce jars infant juice

☐ 19. 8 ounce packages plain iron-fortified infant cereal

Prices

Composite Price $_____

Composite Price Rank (Rank Number : Total Ranked) _____

WIC Program Staff Signature _____

Title _____

Date _____

VENDOR NAME AND LOCATION: _____

LOCAL WIC PROGRAM: _____

PHARMACY SELECTION CHECKLIST

Mandatory Minimum

/__/ 1. Infant formula with iron, milk-based; 13 ounce concentrate

/__/ 2. Infant formula with iron, soy-based; 13 ounce concentrate

/__/ 3. Infant formula with iron, 1 pound can powdered (milk or soy) or 14 ounce can powdered (soy)

/__/ 4. Infant formula with iron, milk-based; 32 ounce Ready-to-Feed

/__/ 5. Infant formula with iron, soy-based; 32 ounce Ready-to-Feed

/__/ 6. Infant formula without iron, milk-based; 13 ounce concentrate

/__/ 7. Infant formula without iron, milk-based; 32 ounce Ready-to-Feed

/__/ 8. Two types of the special prescription infant formulas

Prices

Composite Price $_____

Composite Price Rank (Rank Number: Total Ranked) _____

WIC Program Staff Signature _____

Title _____

Date _____

THE MANDATORY MINIMUM FOR FOOD VENDORS

THERE IS A MANDATORY MINIMUM OF WIC FOODS FOR FOOD VENDORS
WHICH MUST BE STOCKED AT ALL TIMES

A. MILK

1. Whole milk in quarts and half-gallon containers; and
2. Liquid lowfat milk or liquid nonfat (skim) milk; and
3. 13 ounce cans of evaporated milk, or one (1) pound boxes of dry milk.

B. CHEESE

1. At least three (3) of the following types of cheese in package combinations that add up to 16 ounces [one (1) pound]:

   American
   Brick
   Cheddar
   Colby
   Monterey Jack
   Mozzarella--whole milk or part skim
   Muenster
   Provolone
   Swiss

   Only pure cheese may be purchased with WIC food vouchers. "Cheese food", "cheese food product", and "cheese spread" are not allowed. Deli cheese of the above types only is now permitted.

C. EGGS

1. Grade A, Large Size.

   Eggs must be available in one (1) dozen and in one-half dozen containers.

D. JUICE

1. The following three flavors of 100% pure juice:

   orange juice; and
   grapefruit juice; and
   Hood or West Lynn Creamery apple juice in cartons or
   Seneca apple juice in red cans

2. At least two (2) of the following types of 100% pure fresh juice in bottles or cartons (at least one of which must be available in quart containers):

   orange juice
   grapefruit juice
   Hood apple juice in cartons
   West Lynn Creamery apple juice in cartons

3. At least two (2) of the following types of 100% pure frozen juice:

   orange juice
   grapefruit juice
   Seneca apple juice in red cans

E. CEREAL

1. At least five (5) of the following types and/or sizes of cereal:

(General Mills)	Corn Total - 10 oz.
(General Mills)	Kix - 9 oz.
(General Mills)	Total - 8 oz.
(General Mills)	Total - 12 oz.
(General Mills)	Total - 18 oz.
(Kelloggs)	Bran Flakes - 11.5 oz.
(Kelloggs)	Bran Flakes - 16 oz.
(Kelloggs)	Bran Flakes - 20 oz.
(Kelloggs)	Product 19 - 9.5 oz.
(Kelloggs)	Product 19 - 12 oz.
(Kelloggs)	Product 19 - 15.4 oz.
(Nabisco)	Cream of Wheat (Unflavored) - 10 oz. Mix and Eat
(Nabisco)	Cream of Wheat (Unflavored) - 14 oz.
(Nabisco)	Cream of Wheat (Unflavored) - 28 oz.
(Quaker)	Halfsies - 12 oz.
(Quaker)	Instant Oatmeal (Regular) - 12 oz.
(Standard Milling)	Maltex - 20 oz.
(Standard Milling)	Maypo (30 Second Oatmeal) - 14 oz.
(Standard Milling)	Maypo (Vermont Style) - 19 oz.

F. PEANUT BUTTER

1. 18 ounce [One (1) pound, two (2) ounce] jars of plain peanut butter, smooth or chunky, any brand(s).

   Peanut butter mixed with jelly, marshmallow, or other flavorings is not allowed.

G. DRIED PEAS OR BEANS

1. At least three (3) of the following types of dried peas and beans packaged in one (1) pound packages:

aduki beans	fava beans	pigeon peas
black beans	great northern beans	pink beans
black-eyed peas	kidney beans	pinto beans
chick peas/ garbanzo beans	lentils	soy beans
	large lima beans	green split peas
cow peas	mung beans	yellow split peas
cranberry beans	navy beans	small white beans
crowder beans	whole dried peas	yellow-eye peas

H. IRON-FORTIFIED INFANT FORMULA

1. Milk-based, 13 ounce concentrate, any brand; and
2. Soy-based, 13 ounce concentrate, any brand.

I. INFANT JUICE

1. Any flavor, 4.2 ounce jars, any brand.

J. IRON-FORTIFIED INFANT CEREAL

1. Plain cereal, any type, no added fruit. Eight (8) ounce packages, any brand.

THE MANDATORY MINIMUM FOR PHARMACIES

THERE IS A MANDATORY MINIMUM OF FORMULAS FOR PHARMACIES.

THE PHARMACY MUST BE WILLING AND ABLE TO PROVIDE ANY OF THE FORMULAS NOT USUALLY STOCKED WITH 48 HOURS ADVANCE NOTICE.

THE "MANDATORY MINIMUM" OF THE WIC FOODS FOR PHARMACIES IS:

A. IRON-FORTIFIED INFANT FORMULA

1. Milk-based, 13 ounce concentrate, any brand; and
2. Soy-based, 13 ounce concentrate, any brand; and
3. Milk or soy-based, one (1) pound can powdered, any brand; or soy-based, 14 ounce can powdered; and
4. Milk-based, 32 ounce "Ready-to-Feed", any brand; and
5. Soy-based, 32 ounce "Ready-to-Feed", any brand.

B. INFANT FORMULA WITHOUT IRON

1. Milk-based, 13 ounce concentrate, any brand; and
2. Milk-based, 32 ounce "Ready-to-Feed", any brand.

C. SPECIAL PRESCRIPTION INFANT FORMULA

1. At least two (2) of the following types of special prescription infant formulas:

Ensure	Portagen
Ensure Osmolite	Pregestimil
Isocal	Product 3200AB
Lofenelac	Product 3200K
Meat Base Formula	Product 3232A
MSUD Diet Powder	Product 80056
Nutramigen	RCF
Phenyl-Free	Sustacal
PKU-1	Sustagen
PKU-2	Vital

COMPETITIVE PRICES

TO RECEIVE WIC AUTHORIZATION, A VENDOR MUST HAVE FOOD PRICES THAT ARE COMPETITIVE WITH THE PRICES OF OTHER VENDORS WITHIN THE LOCAL PROGRAM AREA.

COMPETITIVE PRICES ARE JUDGED BY DETERMINING A COMPOSITE PRICE FOR THE VENDOR, BASED ON THE HIGHEST ACTUAL SHELF PRICES OF THE FOODS AS SUBMITTED ON THE APPLICATION.

In order for the price comparison to be fair, each vendor must submit prices for the same date. All competing applications must have the same date on the price lists.

The Composite Price provides a method for ranking vendors by price. The Composite Price for each vendor includes the prices of a wide variety of WIC foods, and takes into account that some foods are sold in a higher volume than others.

There are two separate price ranking systems: one for food vendors, and one for pharmacies. Food vendors' prices are compared to other food vendors' prices; pharmacies' prices are compared to other pharmacies' prices.

Home delivery prices should be comparable to food vendors' prices and considered only if home delivery is needed for the area.

DETERMINING THE COMPOSITE PRICE FOR VENDORS:

1. Complete a "FOOD VENDOR COMPOSITE PRICE CALCULATION" worksheet or a "PHARMACY COMPOSITE PRICE CALCULATION" worksheet for each vendor that meets the Mandatory Minimum of WIC foods.

2. If a vendor stocks multiple types or brands of a food item included in the Composite Price calculations, select the LEAST EXPENSIVE type or brand for the Composite Price calculation.

3. Include the vendor's Composite Price and the vendor's Composite Price Rank on the vendor's Composite Price calculation worksheet.

VENDOR NAME AND LOCATION: _____

LOCAL WIC PROGRAM: _____

PART V: FOOD DELIVERY
SECTION B.4c
PAGE: 2
DATE: 7/85

FISCAL YEAR 1986
MASSACHUSETTS WIC PROGRAM
FOOD VENDOR COMPOSITE PRICE CALCULATION

FOOD ITEM	UNIT	UNIT PRICE	MULTIPLIER	TOTAL
MILK	1 quart whole milk		x 15 =	
CHEESE	average for 1 ounce		x 10 =	
EGGS	1 dozen		x 2 =	
PEANUT BUTTER	18 ounce jar (use lowest price written)		x 1 =	
JUICE	1 quart fresh juice (use lowest price written)		x 6 =	
CEREAL	average for 1 ounce		x 28 =	
INFANT FORMULA	13 ounce can milk-based with iron (use lowest price written)		x 7 =	
INFANT JUICE	4.2 ounce jar (use lowest price written)		x 3 =	
INFANT CEREAL	8 ounce package (use lowest price written)		x 1 =	
			GRAND TOTAL: (COMPOSITE PRICE)	

WIC Program Staff Signature: _____

Title: _____

Date: _____

LOCAL WIC PROGRAM: _____

FISCAL YEAR 1986
MASSACHUSETTS WIC PROGRAM
PHARMACY COMPOSITE PRICE CALCULATION

FOOD ITEM	UNIT	UNIT PRICE	MULTIPLIER	TOTAL
INFANT FORMULA WITH IRON, MILK-BASED	13 ounce concentrate		x 3.1 =	
INFANT FORMULA WITH IRON, SOY-BASED	13 ounce concentrate		x 3.1 =	
INFANT FORMULA WITH IRON, MILK-BASED	32 ounce Ready-to-Feed		x 2.5 =	
INFANT FORMULA WITH IRON, SOY-BASED	32 ounce Ready-to-Feed		x 2.5 =	
INFANT FORMULA WITHOUT IRON, MILK-BASED	13 ounce concentrate		x 3.1 =	
INFANT FORMULA WITHOUT IRON, MILK-BASED	32 ounce Ready-to-Feed		x 2.5 =	
			GRAND TOTAL: (COMPOSITE PRICE)	

WIC Program Staff Signature: _____

Title: _____

Date: _____

COMPETITIVE PRICES FOR FOOD VENDORS

DETERMINE A COMPOSITE PRICE FOR EACH FOOD VENDOR,
BASED ON STANDARD FOOD ITEM UNITS

THE FOOD ITEM UNITS FROM WHICH THE COMPOSITE PRICE FOR FOOD VENDORS IS DETERMINED ARE:

1.	MILK	1 quart of whole milk
2.	CHEESE	The average price for 1 ounce of the cheeses carried: Add together all the prices shown in the cheese section. Calculate the total number of ounces represented by these prices. Divide the total cheese price by the total number of ounces.
3.	EGGS	1 dozen Grade A large
4.	PEANUT BUTTER	18 ounce jar (the least expensive brand)
5.	JUICE	1 quart of fresh juice (the least expensive type)
6.	CEREAL	The average price for 1 ounce of the cereals carried: Add together all the prices shown in the cereal section. Calculate the total number of ounces represented by these prices. Divide the total cereal price by the total number of ounces.
7.	INFANT FORMULA	13 ounce can of concentrated milk-based iron-fortified formula (the least expensive brand)
8.	INFANT JUICE	4.2 ounce jar (the least expensive brand)
9.	INFANT CEREAL	8 ounce iron-fortified (the least expensive brand)

Rank all of the FOOD VENDORS in the order of their Composite Prices, starting with the lowest priced food vendor. The Composite Price Rank is the food vendor's individual price rank number relative to the total number of food vendors ranked.

> For example: if there are a total of 52 food vendors, the Composite Price Rank of the food vendor with the third lowest Composite Price is 3:52.

COMPETITIVE PRICES FOR PHARMACIES

DETERMINE A COMPOSITE PRICE FOR EACH PHARMACY,
BASED ON STANDARD FOOD ITEM UNITS

THE FOOD ITEM UNITS FROM WHICH THE COMPOSITE PRICE FOR PHARMACIES IS DETERMINED ARE:

1.	INFANT FORMULA WITH IRON, MILK-BASED	13 ounce concentrate (the least expensive type)
2.	INFANT FORMULA WITH IRON, SOY-BASED	13 ounce concentrate (the least expensive type)
3.	INFANT FORMULA WITH IRON, MILK-BASED	32 ounce Ready-to-Feed (the least expensive type)
4.	INFANT FORMULA WITH IRON, SOY-BASED	32 ounce Ready-to-Feed (the least expensive type)
5.	INFANT FORMULA WITHOUT IRON, MILK-BASED	13 ounce concentrate (the least expensive type)
6.	INFANT FORMULA WITHOUT IRON, MILK-BASED	32 ounce Ready-to-Feed (the least expensive type)

Rank all of the PHARMACIES in the order of their Composite Prices, starting with the lowest priced pharmacy. The Composite Price Rank is the pharmacy's individual price rank number relative to the total number of pharmacies ranked.

> For example: if there are a total of 15 pharmacies, the Composite Price Rank of the pharmacy with the second lowest Composite Price is 2:15.

SPECIAL VENDOR SELECTION SITUATIONS

THERE ARE LIMITED INSTANCES WHEN THE STANDARD VENDOR SELECTION PROCEDURES DO NOT APPLY

There are certain circumstances under which you do not follow the standard procedures for selecting your vendors:

1. If you are a Boston program and part of a collective selection process
2. When your area is under-served by vendors and you need to re-open the application process
3. When the ownership of a currently authorized vendor changes

Contact the State WIC Office for guidance if any of these circumstances apply to you.

In all of these situations, the application process is the same, and you use the same standard applications and letters.

BOSTON VENDORS

SOME BOSTON PROGRAMS WORK COLLECTIVELY ON SELECTING AND AUTHORIZING VENDORS.

Programs whose catchment areas include parts of Boston meet to determine the need for joint selection of vendors, and to define the area within which this will take place.

Those programs involved all accept applications and prepare composite prices; they then meet to rank prices for vendors within the defined area, and to select vendors to be authorized. The last step is allocating the responsibilities for educating vendors, signing vendor authorization agreements and monitoring the vendors, based on geographical location.

RE-OPENING VENDOR APPLICATIONS

YOU MAY RE-OPEN THE VENDOR APPLICATION AND SELECTION PROCESS ONLY IF YOU RECEIVE WRITTEN PERMISSION FROM THE STATE WIC OFFICE

If you cannot meet your vendor needs as you have stated them in your selection plan, you may re-open your area (or part of your area) for vendor applications.

- You may have received an insufficient number of applications from vendors in the first place
- You may have received enough applications, but some of the vendors do not meet the selection criteria
- You may have originally selected enough vendors to participate, but some of those vendors are no longer eligible to be authorized (for example, vendors that have ceased operation of their business, or vendors that have been disqualified from the WIC Program)
- Your caseload may have changed so much that your original number of vendors no longer effectively serves your participants

RE-OPENING YOUR AREA FOR VENDOR APPLICATIONS:

1. Write a letter to the State WIC Office to request permission to re-open applications for an underserved area. Include:
   a. The number of vendor applications received
   b. The distribution of those vendors throughout your catchment area
   c. A description of vendor applications you have received that do not meet the selection criteria
   d. An estimated number of vendors that you still need to adequately serve your area (according to your vendor selection plan)
2. With approval from the State WIC Office, establish a new deadline for accepting applications from prospective vendors. The procedure for application and selection remains the same.
3. Vendors that had previously applied for authorization but whose applications were unacceptable may apply again. Encourage those vendors to correct what was previously lacking if possible so that their applications this time might be acceptable.
4. You may have to do outreach to vendors in your community in order to receive enough applications to meet the vendor needs for your program.

CHANGE IN OWNERSHIP OF THE VENDOR

IF A CURRENTLY AUTHORIZED VENDOR CHANGES OWNERSHIP DURING A WIC AUTHORIZATION PERIOD, THE VENDOR'S AUTHORIZATION IS NO LONGER VALID

As stated in the WIC Vendor Agreement, the vendor is required to give you thirty days written notice prior to a change in the ownership of the business. This gives you ample time to notify participants.

The vendor's new owner may automatically apply for a new WIC vendor authorization in the middle of the fiscal year, up until the beginning of the fourth quarter (July 1st). The vendor's authorization would begin on the date that you sign the agreement, and would last until the end of the fiscal year.

VENDOR APPLICATION AND SELECTION FOR A NEW OWNER:

1. Give the new vendor a Vendor Agreement Application Packet.

   -- Date the price lists with the first day of the current quarter (October 1, January 1, or April 1).

2. The vendor must review the application packet and fill out the application completely.

3. Compare the new vendor's prices to the Quarterly Price Lists that you receive from the rest of your vendors. Be sure to compare prices from the same quarter.

4. Compute a Composite Price for the new vendor, and compute a Composite Price for your currently authorized vendors.

5. If the new vendor's prices are competitive with other vendor's prices, you may authorize the vendor for participation in the WIC Program.

ACCEPTANCE AND REJECTION OF VENDORS

EVERY VENDOR THAT SUBMITS AN APPLICATION TO BECOME A WIC VENDOR MUST RECEIVE NOTIFICATION OF EITHER ACCEPTANCE OR REJECTION WITHIN THE DEADLINE ESTABLISHED BY THE STATE WIC OFFICE (AUGUST 31).

YOU MUST SEND LETTERS OF ACCEPTANCE OR REJECTION BY CERTIFIED MAIL, OR YOU MUST HAND-DELIVER THEM AND OBTAIN A RECEIPT.

KEEP ONE COPY OF EACH OF YOUR ACCEPTANCE OR REJECTION LETTERS IN THE VENDOR'S FILE.

Once you have selected the vendors you wish to authorize for participation in the WIC Program, send either a "VENDOR ACCEPTANCE LETTER" or a "VENDOR REJECTION LETTER" to each vendor from which you received an application.

-- The rejection letter should indicate all appropriate reasons for which you rejected the vendor's application.

-- POSTMARK THE ACCEPTANCE AND REJECTION LETTERS BY THE AUGUST 31 DEADLINE.

Keep all of your vendor applications on file---including those from vendors that you do not authorize for participation in the WIC Program.

You will not receive a Vendor Authorization Stamp for an authorized vendor until the State WIC Office receives a copy of the acceptance letter for that vendor. See Part V, Section B.8c, THE WIC VENDOR AUTHORIZATION STAMP.

VENDOR ACCEPTANCE LETTER

Local Program Letterhead

Date: _____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Dear _____:

We have approved your application for authorization as a WIC Program vendor for Fiscal Year 198__ (October 1, 198__ to September 30, 198__).

We will contact you within the next few weeks to set up an appointment to review the WIC Program regulations and to sign the WIC Program authorization agreement.

We look forward to working with you in the coming year. If you have any questions, please feel free to contact us.

Sincerely,

Local WIC Program Director
Local WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

VENDOR ACCEPTANCE LETTER - SPANISH

Local Program Letterhead

Date:_____

Name of Addressee
Name or Vendor (Store or Dairy)
Number and Street
City, State and Zip

Estimado _____:

Queremos informarle que su aplicación para autorización como vendedor de WIC para el Año Fiscal 198__ (Octubre 1, 198__ a Setiembre 30, 198__), ha sido aprobada.

Pronto nos pondremos en contacto con usted para fijar una cita para revisar las regulaciones del Programa WIC y firmar el acuerdo de autorización.

Esperamos trabajar con usted el año que viene. Si tiene alguna pregunta, por favor pongase en contacto con nosotros.

Sinceramente,

Local WIC Program Director
Local WIC Program

Este es un Programa de Igualdad de Oportunidades. Si cree que por raza, color, origen, edad, sexo, o por ser incapacitado fisicamente ha sido discriminado, escriba de inmediato a la Secretaria de Agricultura, Washington, D.C. 20250.

VENDOR REJECTION LETTER

Local Program Letterhead

Date: _____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Dear _____:

We have carefully reviewed your application for authorization as a vendor with the WIC Program for Fiscal Year 198__ (October 1, 198__ to September 30, 198__). We regret to inform you that we have not selected you to participate in the WIC Program for this fiscal year. We did not select you for the following reason(s):

☐ 1. The application we received from you was incomplete according to Massachusetts WIC Program guidelines.

☐ 2. The application we received from you was inaccurate according to Massachusetts WIC Program guidelines.

☐ 3. You do not stock the "Mandatory Minimum" of WIC foods as required by the Massachusetts WIC Program guidance.

☐ 4. Your prices are higher than the prices of other vendors that applied from within your local area (as determined by a formula published by the State WIC Office).

☐ 5. You have a poor history of compliance with Food Stamp regulations.

☐ 6. You have a poor history of compliance with WIC Program regulations.

☐ 7. You are not located in an area that is convenient for local WIC participants.

☐ 8. Home delivery services are not required as per vendor selection plan.

Applications for authorization as a WIC vendor will again be available in June, 198__. If you wish to apply for authorization next year, please contact the WIC Program at that time.

If you wish to appeal this decision, please request a fair hearing in writing within thirty days of your receipt of this letter. Address your request to:

Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, Massachusetts 02111

Sincerely,

Local WIC Program Director
Local WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

VENDOR REJECTION LETTER - SPANISH

Local Program Letterhead

Date: _____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and ZIp

Estimado _____:

Nosotros hemos cuidadosamente revisado su aplicación-autorización como vendedor con el Programa WIC para el Año Fiscal 198__ (Octubre 1, 198__ a Setiembre 30, 198__). Sentimos decirle que usted no ha sido seleccionado para participar en el Program WIC para éste Año Fiscal. Usted no fué seleccionado por las siguientes razones:

☐ 1. La aplicación que recibimos de usted estaba incompleta de acuerdo con las regulaciones del Programa WIC de Massachusetts.

☐ 2. La aplicación que recibimos de usted estaba incorrecta de acuerdo con las regulaciones del Programa WIC de Massachusetts.

☐ 3. Usted no mantiene el "Minimo Mandatorio" de los alimentos WIC como es requerido por las regulaciones del Programa WIC de Massachusetts.

☐ 4. Sus precios son más altos que los precios de otros vendedores que aplicaron dentro de la misma area local (como es determinado por una fórmula publicada por la Oficina WIC Estatal).

☐ 5. Usted tiene una pobre historia de cumplimiento de las regulaciones del Programa de Cupones de Alimentos (Food Stamps).

☐ 6. Usted tiene una pobre historia de cumplimiento de las regulaciones del Programa WIC.

☐ 7. Usted no está localizado en una area que es conveniente para los participantes locales de WIC de acuerdo con nuestro Plan de Selección de Vendedores.

☐ 8. Distribución de alimento a domicilios no es necesario tal y como ha sido documentado en el Plan de Selección de Vendedor.

Aplicaciones para autorización como vendedor de WIC serán ótra vez obtenibles en Junio, 198__. Si usted desea áplicar para autorización el próximo año, por favor comuníquese con el Programa WIC en esa fecha.

Si usted desea apelar a esta decisión, por favor pida en forma escrita una audiencia dentro de treinta (30) dias de haber recibido esta carta. Dirija su peticion a:

Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, Third Floor
Boston, Massachusetts 02111

Sinceramente,

Local WIC Program Director
Local WIC Program

Este es un Programa de Igualdad de Oportunidades. Si cree que por raza, color, origen, edad, sexo, ó por ser incapacitado fisicamente ha sido discriminado, escriba de inmediato a la Secretaria de Agricultura, Washington, D.C. 20250.

RETURN OF THE OLD VENDOR AUTHORIZATION STAMP

A CURRENT VENDOR THAT DOES NOT RECEIVE WIC AUTHORIZATION FOR THE NEW FISCAL YEAR IS NOT ALLOWED TO CONTINUE TO ACCEPT WIC VOUCHERS AFTER SEPTEMBER 30.

Every fiscal year, the WIC Program will change the appearance of the WIC Vendor Authorization Stamp. This guarantees that vendors that do not receive authorization for the new fiscal year will not be able to receive reimbursement for vouchers submitted beyond the expiration date of their former WIC authorization agreement.

Send each vendor that does not receive WIC authorization for the upcoming fiscal year a "RETURN OF STAMP LETTER".

The vendors must return their old Vendor Authorization Stamps to your office no later than your close of business on October 1.

RETURN OF STAMP LETTER

Local Program Letterhead

Date: _____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Dear_____:

As of October 1, 19__, you will no longer be an authorized WIC vendor. Please return your WIC Vendor Authorization Stamp and any other WIC materials to my office by 4:00 p.m. on October 1, 19__.

Thank you in advance for your cooperation.

Sincerely,

Local WIC Program Director
Local WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

RETURN OF STAMP LETTER - SPANISH

Local Program Letterhead

Date:_____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Estimado/a _____:

Esta carta es para notificarle que a partir del 1° de Octubre de 198__, usted (y su establecimiento) no tendrá más autorización como vendedor para el Programa de WIC.

Por favor devuelva el sello de Autorización de WIC en su pocesión - así como cualquier otros materiales pertinentes, pertenecientes al Programa WIC - a mi oficina a las 4:00 p.m., de ese dia 1° de Octubre de 198 __.

Le agradecemos su futura cooperación.

Atentamente,

Local WIC Program Director
Local WIC Program

Este es un Programa de Igualdad de Oportunidades. Si usted cree que ha sido discriminado por razones de raza, color, nacionalidad, sexo, edad, ó incapacidad fisica, escriba de inmediato a Secretary of Agriculture, Washington D.C. 20250

VENDOR AUTHORIZATION

TO AUTHORIZE A VENDOR FOR PARTICIPATION IN THE WIC PROGRAM YOU MUST:

1. EDUCATE THE VENDOR ABOUT THE WIC PROGRAM
2. EXPLAIN THE WIC FOODS TO THE VENDOR
3. REVIEW, SIGN, AND OBTAIN THE VENDOR'S SIGNATURE ON THE WIC VENDOR AGREEMENT
4. ISSUE THE VENDOR AUTHORIZATION STAMP TO THE VENDOR
5. SUBMIT A VENDOR INPUT FORM WITH THE CORRECT VENDOR IDENTIFICATION NUMBER TO THE STATE WIC OFFICE

Even if you have selected a vendor for participation in the WIC Program, until you formally authorize that vendor, the vendor is not allowed to participate in the WIC Program.

Careful vendor education can be your best protection against vendor abuse. If vendors recognize the purpose and intention of the WIC Program, and if they understand the procedures necessary for managing WIC, they are less likely to have problems. Use the time for authorizing your vendors as an opportunity for extensive vendor education.

RETURN OF STAMP LETTER - SPANISH

Local Program Letterhead

Date:_____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Estimado/a _____:

Esta carta es para notificarle que a partir del 1° de Octubre de 198__, usted (y su establecimiento) no tendrá más autorización como vendedor para el Programa de WIC.

Por favor devuelva el sello de Autorización de WIC en su pocesión - así como cualquier otros materiales pertinentes, pertenecientes al Programa WIC - a mi oficina a las 4:00 p.m., de ese dia 1° de Octubre de 198 __.

Le agradecemos su futura cooperación.

Atentamente,

Local WIC Program Director
Local WIC Program

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THE VENDOR AUTHORIZATION SESSION

ONCE YOU APPROVE A VENDOR FOR PARTICIPATION IN THE WIC PROGRAM, SCHEDULE AN AUTHORIZATION AND EDUCATION SESSION.

THE AUTHORIZATION AND EDUCATION SESSION MUST OCCUR PRIOR TO THE FIRST DAY OF THE AUTHORIZATION PERIOD AS ESTABLISHED BY THE STATE WIC OFFICE.

SCHEDULING THE AUTHORIZATION SESSION

You may choose to hold individual authorization sessions for each vendor, or may prefer to see a group of vendors at once.

Although the vendor's legal representative is responsible for the actions of her/his employees, you may want to include vendor employees in your authorization and education sessions. By including vendor employees in your training sessions, you can be sure that all vendor personnel receive complete and accurate instructions on WIC procedures.

CONDUCTING THE AUTHORIZATION SESSION

If possible hold the initial education and authorization sessions in the WIC office or clinic; this way, the vendors see WIC's role as a health care program. You may also conduct the education session at the vendor's place of business.

If necessary, use an interpreter at the authorization sessions if your staff cannot comfortably speak the primary language of some of the vendors. It is important that the vendors know exactly what the WIC Vendor Agreement says, and that they completely understand the mechanics of WIC.

CONTENT OF THE AUTHORIZATION SESSION

1. Describe the WIC Program; mention its effectiveness in your community.

2. Carefully review all of the WIC foods. Explain why some foods are authorized on the program, and others are not. Explain that a participant might have options in selecting her/his food.

3. Review the "VENDOR AGREEMENT" carefully and sign it. Have the vendor sign the agreement. Keep the original for your files; sign another original for the vendor, or give the vendor a copy.

4. Assign the vendor a vendor identification number, and issue the vendor one Vendor Authorization Stamp, explaining its proper use.

5. Have the vendor sign a "VENDOR STAMP RECEIPT" upon receipt of the Vendor Authorization Stamp.

6. Use this as a time to ask the vendor about specific problems with WIC redemption, if a previously authorized vendor.

7. If this is a new vendor, you may wish to spend additional time highlighting specific areas of concern.

8. Tell vendors about the reimbursement procedure for special formulas and for formulas over $15.00. See Part IV, Section A.4f(2) for information about special formulas.

WIC

VENDOR AGREEMENT

FISCAL YEAR 1986

October 1, 1985 - September 30, 1986

MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FAMILY HEALTH SERVICES

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM
(SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN)

WIC VENDOR AGREEMENT: FISCAL YEAR 1986

WHEREAS, the Local WIC Agency named on page six of this agreement (hereinafter referred to as the "Local WIC Agency") has entered into an agreement with the Massachusetts Department of Public Health to participate in the Special Supplemental Food Program for Women, Infants, and Children (WIC Program) sponsored by the United States Department of Agriculture under regulations which are published in the Federal Register, and the Local WIC Agency has charged the Local WIC Program with providing services;

WHEREAS, the Local WIC Program named on page six of this agreement (hereinafter referred to as the "Local WIC Program") acts as an authorized representative of the Massachusetts WIC Program (State WIC Office);

WHEREAS, the Vendor named on page six of this agreement (hereinafter referred to as the "Vendor") is a retail food outlet or pharmacy qualified to provide supplemental foods authorized by the Massachusetts WIC Program (hereinafter referred to as "WIC foods") to eligible persons participating in the WIC Program;

NOW, THEREFORE, this agreement is made and entered into by and between the Vendor and the Local WIC Program, and it is mutually agreed that the following provisions govern this agreement:

THE VENDOR AGREES TO:

1. Accept training of the store manager or an authorized representative on WIC procedures;

2. Train all staff handling WIC vouchers in correct WIC procedures;

3. Be accountable for the actions of all employees in WIC transactions;

4. Insure that all Vendor personnel provide the WIC foods to WIC participants and their authorized representatives in accordance with Federal regulations and Massachusetts WIC Program procedures:

    a. Provide the WIC foods only at the site of the Vendor;

    b. Provide only the types and amounts of WIC foods specified on the front and back of the WIC voucher;

    c. Never limit WIC participants or their authorized representatives in their choices of WIC foods;

    d. Never demand that WIC participants or their authorized representatives purchase the full amount of WIC foods authorized on the face of the WIC voucher;

    e. Never accept a WIC voucher for unauthorized food or merchandise;

    f. Never provide cash or credit, in whole or in part, for a WIC voucher;

    g. Insure that WIC foods are fresh and are sold to WIC participants before the expiration date for those foods;

    h. Insure an adequate supply of all of the Mandatory Minimum of WIC foods, as indicated in the Vendor Agreement Application Packet, so that WIC participants may use their WIC vouchers at any time that the Vendor is open for business;

    i. If the Vendor is a pharmacy, insure that WIC participants can receive within 48-72 hours any authorized infant formula not usually stocked by the pharmacy;

    j. Never provide WIC participants or their authorized representatives with rainchecks or other similar receipts for unavailable WIC foods;

5. Insure that all Vendor personnel adhere to the WIC voucher acceptance procedures established by Federal regulations and the Massachusetts WIC Program:

   a. Never accept a voucher from anyone other than a WIC participant or authorized representative;

   b. Never accept a WIC voucher before the date of issue printed on the voucher;

   c. Accept WIC vouchers only up to thirty (30) days after the date of issue printed on the voucher;

   d. Accept only WIC vouchers validated with the "Mass. WIC" stamp;

   e. Accept only WIC vouchers that have been presigned once by the WIC participant or authorized representative;

   f. Never accept vouchers already signed and countersigned;

   g. Insure that the signature and countersignature on the WIC voucher match -- although the name of participant and the signature name may be different;

   h. Never demand identification or a telephone number from WIC participants or their authorized representatives;

   i. Never accept a WIC voucher on which the name, date or food message has been altered in any way;

   j. Never accept WIC vouchers in payment for credit or charge accounts;

6. Insure that all Vendor personnel follow WIC voucher pricing procedures as established by Federal regulations and the Massachusetts WIC Program:

   a. Write in the space provided a price no higher than the actual shelf price of only those food items authorized by the WIC voucher and purchased by the WIC participant or authorized representative;

   b. Write the price on the WIC voucher in ink;

   c. Never add a service charge to the price of the voucher;

   d. Fill in the WIC voucher price only in the presence of the WIC participant or authorized representative;

   e. Insure that the WIC participant or authorized representative countersigns the WIC voucher only after the Vendor personnel fills in the WIC voucher price;

   f. Never charge WIC participants or their authorized representatives for foods purchased with WIC vouchers;

   g. Never charge WIC participants or their authorized representatives for service charges on WIC vouchers;

   h. Never charge WIC participants or their authorized representatives for bank charges incurred on non-reimbursable or rejected WIC vouchers;

   i. Never seek restitution from WIC participants or their authorized representatives for vouchers not paid by the Massachusetts WIC Program;

   j. Never accept the return of food purchased with WIC vouchers for cash or credit towards other purchases;

7. Insure that all Vendor personnel use the WIC Vendor Authorization Stamp according to the procedures established by the Massachusetts WIC Program:

   a. Use only the WIC Vendor Authorization Stamp issued by the Local WIC Program;

   b. Use the WIC Vendor Authorization Stamp to record the Vendor's identification number in the appropriate space on the face of each WIC voucher submitted for payment;

   c. Use the WIC Vendor Authorization Stamp only on those WIC vouchers used on site at the Vendor's place of business by WIC participants or their authorized representatives for the purchase of WIC foods;

   d. Stamp the WIC vouchers with the WIC Vendor Authorization Stamp only after accepting the WIC vouchers in exchange for WIC food and after the WIC participant or authorized representative has countersigned them;

   e. Stamp each WIC voucher with the WIC Vendor Authorization Stamp prior to processing it through the Vendor's bank of deposit for payment;

   f. Insure that the WIC Vendor Authorization Stamp imprint is legible;

   g. Take appropriate measures to safeguard the WIC Vendor Authorization Stamp from misuse or from use by unauthorized personnel;

   h. Return the WIC Vendor Authorization Stamp to the Local WIC Program immediately upon termination of this agreement, or upon disqualification from the WIC Program;

8. Redeem WIC vouchers for payment according to procedures established by Federal regulations and by the Massachusetts WIC Program:

   a. Endorse all WIC vouchers submitted for payment on the back of the vouchers either by signature or with the endorsement stamp used for deposit at the Vendor's bank of deposit;

   b. Never submit for payment at the Vendor's bank of deposit any WIC voucher that has been altered in any way; any such vouchers must be submitted directly to the State WIC Office;

   c. Submit for payment only those WIC vouchers stamped with the WIC Vendor Authorization Stamp;

   d. Submit WIC vouchers for payment only at the Vendor's bank of deposit or the State WIC Office;

   e. Submit WIC vouchers for payment to the Vendor's bank of deposit within sixty (60) days of the issue date printed on the face of the voucher;

9. Insure that all Vendor personnel comply with the administrative requirements of the Massachusetts WIC Program, including but not limited to those set forth below:

   a. Treat WIC participants and their authorized representatives with courtesy;

   b. Never demand that WIC participants or their authorized representatives use a separate checkout line;

   c. Keep all information on WIC participants or their authorized representatives confidential;

   d. Never discriminate against WIC participants or their authorized representatives on the basis of race, color, national origin, creed, political beliefs, age, sex, or handicap;

   e. Submit to the Local WIC Program actual quarterly retail prices of the authorized WIC foods: October 1 prices by October 8, 1985; January 1 prices by January 9, 1986; April 1 prices by April 8, 1986; and July 1 prices by July 31, 1986;

f. Comply with all Federal, State and Local laws and regulations pertaining to the disclosure of prices for any items offered for sale; for vendors located in Massachusetts, this includes but is not limited to 940 CMR 3.13(1)(a) which states: "It is an unfair and deceptive act or practice for any person subject to this act to fail to affix to any goods offered for sale to the public the price at which the goods are to be sold";

g. Report to the Local WIC Program any irregularities in the use of WIC vouchers by WIC participants or their authorized representatives;

h. Cooperate with Federal, State, or Local WIC Program personnel during on-site Vendor reviews and audits; these may include reviews of all actual WIC vouchers at the site of the Vendor;

i. Provide the WIC Program with purchase invoices from wholesalers or with other invoices or records, including shelf price records, when requested;

j. If the Vendor provides home delivery of WIC foods, maintain records of delivery of such foods and payments received for three years;

k. Maintain a current registration certificate issued by the local board of health in a location visible to Local WIC Program personnel, if the Vendor is a retail food outlet;

l. Comply with the nondiscrimination provisions of U.S. Department of Agriculture regulations (7 CFR Parts 15, 15a and 15b).

THE LOCAL WIC PROGRAM AGREES TO:

1. Provide guidance to WIC participants in the proper use of WIC vouchers;

2. Provide assistance to the Vendor on dealing with any irregularities in the use of WIC vouchers by WIC participants or their authorized representatives as requested;

3. Notify WIC participants that the Vendor is authorized to accept WIC vouchers;

4. Provide guidance to the Vendor concerning the authorized WIC foods and applicable guidelines and instructions, including, but not limited to:

   a. Training the Vendor in Massachusetts WIC Program procedures as necessary;

   b. Transmitting pertinent information, including any changes in the Federal regulations and/or Massachusetts WIC Program procedures that may affect the Vendor.

GENERAL PROVISIONS:

1. This agreement may be amended at any time upon mutual written consent of the parties and incorporated by reference herein.

2. This agreement is null and void if the Vendor ceases operations or changes name, location or ownership. The Vendor must give thirty (30) days prior written notice to the Local WIC Program if the Vendor intends to cease operations or change name, location or ownership.

3. If the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for the area in which the Vendor is located, the Local Agency or Local WIC Program must give thirty (30) days prior written notice to the Vendor. In such cases, this agreement may, at the option of the Massachusetts WIC Program, be assigned to the Local WIC Program and Local Agency which subsequently assume responsibility for that area, and the Vendor shall be notified in writing of such assignment. Unless this agreement is so assigned by the Massachusetts WIC Program, it shall become null and void when the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for that area.

4. This agreement may be terminated by mutual consent with 30 days prior written notice between parties.

5. This agreement may be terminated for cause by the Massachusetts WIC Program or the Vendor with 15 days prior written notice. The types of program abuse for which the Massachusetts WIC Program may terminate this agreement are set forth in the Vendor Sanction Policy, Attachment A, which is a part of this agreement.

6. Neither the Local WIC Program nor the Vendor has an obligation to renew this agreement.

7. If the Vendor's prices increase over the prices submitted in the application for this agreement, and such increase is not due to the inflation rate and/or other legitimate factors, the Massachusetts WIC Program may terminate this agreement with 30 days prior written notice. During the 30 days the Vendor may demonstrate that the prices have been lowered to an acceptable level, in which case the agreement will not be terminated.

8. The Massachusetts WIC Program has the right to demand refunds for charges of more than the actual purchase price for the authorized WIC foods.

9. The Massachusetts WIC Program may deny payment to the Vendor, demand refunds for payments already made to the Vendor, or offset future payments to the Vendor, for WIC vouchers used contrary to the terms of this agreement.

10. The Massachusetts WIC Program may designate the Vendor as "High Risk" according to a state-wide standard protocol. If the Vendor has been designated as "High Risk" the Massachusetts WIC Program may require the Vendor to submit WIC vouchers directly to the State WIC Office for payment.

11. A Vendor that commits fraud or abuse of the WIC Program shall be liable for prosecution under applicable Federal, State and Local laws. Those who have willfully misapplied, stolen or fraudulently obtained WIC funds shall, if such funds are of the value of $100 or more, be fined not more than $10,000 or imprisoned not more than five years, or both; or if such funds are of a value of less than $100, shall be fined not more than $1,000 or imprisoned for not more than one year, or both.

12. If the Vendor fails to comply with any provision of this agreement, or violates any part of the Federal regulations, the Vendor shall be disqualified or sanctioned in accordance with the Massachusetts WIC Program Vendor Sanction Policy, Attachment A, which is a part of this agreement.

13. The Vendor has the right to appeal disqualification from the WIC Program or any other adverse action by the WIC Program which affects participation during the period of this agreement by requesting a fair hearing in writing from the Massachusetts WIC Program, Department of Public Health, 150 Tremont Street, 3rd floor, Boston, MA 02111. Such request must be received by the Department of Public Health within 30 days from the date the Vendor receives notice of the disqualification or other adverse action. Expiration of this agreement is not subject to appeal.

14. Signing of this agreement constitutes representation by both parties that there is no conflict of interest between the Local Agency and/or Local Program and the Vendor.

15. This agreement is subject to change in accordance with any changes in Federal and State requirements governing the WIC Program.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MASSACHUSETTS WIC VENDOR AGREEMENT: FISCAL YEAR 1986

AGREEMENT BETWEEN _____ AND _____
(Local WIC Program) (Vendor)

THE TIME PERIOD OF THIS AGREEMENT IS FROM _____ TO _____

Signed by the Local WIC Program or Local Agency on behalf of the Massachusetts WIC Program of the Massachusetts Department of Public Health.

_____
SIGNATURE

_____
DATE SIGNED

_____
NAME

_____
TITLE

_____
PROGRAM NAME

_____
AGENCY NAME

_____
ADDRESS

_____
TELEPHONE NUMBER

_____
CONTACT PERSON IF OTHER THAN ABOVE

_____
TELEPHONE NUMBER

Signed by the individual with legal authority to obligate the Vendor.

_____
SIGNATURE

_____
DATE SIGNED

_____
NAME

_____
TITLE

_____
VENDOR NAME

_____
ADDRESS

_____
TELEPHONE NUMBER

_____
ALTERNATE CONTACT PERSON

_____
TELEPHONE NUMBER

Check and sign if Vendor has received a copy of this agreement in Spanish: / /

_____ _____
VENDOR SIGNATURE DATE

PROGRAMA WIC DE MASSACHUSETTS

(PROGRAMA ESPECIAL DE ALIMENTOS SUPLEMENTARIOS

PARA MUJERES, INFANTES, Y NIÑOS)

CONTRATO PARA VENDEDOR DE WIC: AÑO FISCAL 1986

1ro de Octubre de 1985 - 30 de Setiembre de 1986

PROGRAMA WIC DE MASSACHUSETTS

(PROGRAMA ESPECIAL DE ALIMENTOS SUPLEMENTARIOS PARA

MUJERES, INFANTES, Y NIÑOS)

CONTRATO PARA VENDEDOR DE "WIC": AÑO FISCAL 1986

VISTO QUE, la Agencia Local de WIC ha formulado un acuerdo con el Departamento de Salud Pública de Massachusetts para participar en el Programa Especial de Alimentos Suplementarios para Mujeres, Infantes, y Niños (Programa WIC) patrocinado por el Departamento de Agricultura de los Estados Unidos bajo las regulaciones publicadas en el Registro Federal, y la Agencia Local de WIC ha encargado al Programa Local de WIC como proveedor de servicios;

VISTO QUE, el Programa Local de WIC funciona como representante autorizado del Programa WIC de Massachusetts;

VISTO QUE, el Vendedor es un comercio de alimentos al por menor, o farmacia capacitada para proveer alimentos suplementarios autorizados por el Programa WIC de Massachusetts (de aquí en adelante referido como "alimentos de WIC") para individuos elegibles participando en el Programa WIC;

AHORA, POR LO TANTO, es de mutuo acuerdo entre el Vendedor y el Programa Local de WIC que las siguientes estipulaciones gobiernen este contrato:

EL VENDEDOR ESTA DE ACUERDO CON:

1. Aceptar entrenamiento del administrador de el establecimiento o de un representante autorizado de los reglamentos "WIC":

2. Entrenar la empleomanía en el manejo correcto de los cupones de acuerdo a los procedimientos establecidos por "WIC";

3. Hacerse responsable por las acciones de todos los empleados en las transacciones de WIC;

4. Asegurarse que todo el personal del Vendedor provea los alimentos WIC a los participantes de WIC, y a aquellos representantes autorizados en acuerdo con los reglamentos Federales, y con los procedimientos del Programa WIC de Massachusetts:

    a. Proveer los alimentos WIC en el local del Vendedor solamente;

    b. Proveer solamente la clase y cantidad de alimentos WIC especificados en el frente y el reverso de los cupones de WIC ("WIC vouchers");

    c. Nunca limitar a los participantes de WIC o sus representantes autorizados en su selección de alimentos WIC;

    d. Nunca exigir que los participantes de WIC o sus representantes autorizados compren las cantidades completas de alimentos WIC autorizados en el frente de un cupón de WIC;

    e. Nunca aceptar un cupón de WIC para alimentos o mercancías no autorizados;

    f. Nunca proveer dinero al contado o crédito, en su totalidad, o en parte, por un cupón de WIC;

    g. Asegurarse de que los alimentos WIC esten frescos, y de que sean vendidos a los participantes de WIC previo a su fecha de vencimiento;

    h. Asegurarse de tener una cantidad adecuada de todos los alimentos que exige "el mínimo mandatorio de alimentos "WIC", tal como se indica en la solicitud de el contrato del vendedor ("vendor agreement application"), de manera que los participantes de WIC puedan usar sus cupones de WIC en cualquier momento en que el Vendedor esté abierto para negocios;

    i. Si el Vendedor es una farmacia, asegurarse de que los participantes de WIC puedan adquirir cualquiera de las fórmulas para infantes dentro de un periodo de 48-72 horas si ésta no está disponible en la farmacia;

    j. Nunca proveer a los participantes de WIC o sus representantes autorizados con vales ("rainchecks"), u otro tipo de recibos similares para alimentos WIC que no esten accesibles en el momento;

5. Asegurarse de que todo el personal del Vendedor cumple con los procedimientos establecidos por las regulaciones Federales y el Programa WIC de Massachusetts en la aceptación de los cupones de WIC ("WIC vouchers"):

   a. Nunca aceptar cupones de WIC si no son sometidos por el participante de WIC o su representante autorizado;

   b. Nunca aceptar un cupón de WIC con anterioridad a la fecha imprimida en el cupón de WIC;

   c. Aceptar cupones de WIC solamente dentro del periodo de treinta (30) días a partir de la fecha imprimida en el cupón de WIC;

   d. Aceptar solamente los cupones de WIC que hayan sido validados con el sello del programa "Mass. WIC" ("Mass. WIC program stamp");

   e. Aceptar solamente aquellos cupones de WIC que hayan sido firmados con anterioridad por el participante de WIC o representante autorizado;

   f. Nunca aceptar cupones ya firmados inicialmente y con la firma que debe hacerse en presencia del "Vendedor"

   g. Asegurarse de que la firma inicial así como la firma hecha en presencia del personal del Vendedor coinciden, teniendo en consideración que el nombre que aparece en la firma puede ser diferente al nombre del participante de WIC;

   h. Nunca exigir identificación o número de teléfono al participante de WIC, o representante autorizado;

   i. Nunca aceptar cupones de WIC en los cuales el nombre, fecha o descripción de alimentos halla sido alterado en alguna forma;

   j. Nunca aceptar cupones WIC como pago a crédito u otro tipo de pago;

6. Asegurarse de que todo el personal del Vendedor al establecer los precios de los cupones de WIC ("WIC vouchers") siga los procedimientos tal y como han sido establecidos por las regulaciones Federales, y por el Programa WIC de Massachusetts:

   a. Escribir en el espacio provisto, el precio (no más alto de el que aparece anunciado) de solamente aquellos alimentos autorizados en el cupón de WIC que son comprados por el participante de WIC o su representante autorizado;

   b. Escribir el precio con tinta;

   c. Nunca añadir costo de servicio al precio del cupón de WIC;

   d. LLenar el precio del cupón de WIC, solamente en la presencia del participante de WIC, o su representante autorizado;

   e. Asegurarse de que el participante de WIC o su representante autorizado firme de nuevo ("countersign") el cupón de WIC solamente después de que el personal del Vendedor ha procedido a llenar el precio, en el espacio del precio del cupón de WIC;

   f. Nunca cobrar a los participantes de WIC o a sus representantes autorizados por aquellos alimentos comprados con cupones WIC;

   g. Nunca cobrar a los participantes de WIC o a sus representantes autorizados por costo de servicio por los cupones de WIC;

   h. Nunca cobrar a participantes de WIC o a sus representantes autorizados por costos de banco incurridos en aquellos cupones de WIC que no sean redimibles, o que hayan sido devueltos por el banco;

   i. Nunca pedir reembolso por cupones no pagados por el Programa de WIC de Massachusetts a los participantes de WIC o sus representantes autorizados;

   j. Nunca aceptar devolución de alimentos comprados con cupones de WIC a cambio de dinero, o crédito por otros productos;

7. Asegurarse de que todo el personal del Vendedor use el Sello de Vendedor Autorizado de WIC "WIC Vendor Authorization Stamp" en acuerdo con los procedimientos establecidos por el Programa WIC de Massachusetts:

   a. Usar solamente el Sello de Vendedor Autorizado de WIC tal y como le fue entregado por el Programa Local de WIC;

   b. Usar el Sello de Vendedor Autorizado de WIC para imprimir el número de identificación del Vendedor en el espacio apropiado en el frente de cada cupón de WIC ("WIC voucher") sometido para pago;

   c. Usar el Sello de Vendedor Autorizado de WIC solamente en los cupones usados en el establecimiento del vendedor, por los participantes de WIC o sus representantes autorizados, en la compra de alimentos WIC;

d. Estampar los cupones de WIC con el Sello de Vendedor Autorizado de WIC solo despues de haber aceptado los cupones de WIC a cambio de alimentos WIC, y despues de que el participante de WIC o su representante autorizado los ha firmado de nuevo ("countersigned");

e. Estampar cada cupón de WIC con el Sello de Vendedor Autorizado de WIC antes de depositarlo en el banco del Vendedor para deposito de pago;

f. Asegurarse de que la impresión de imprenta del Sello de Vendedor Autorizado de WIC, sea legible;

g. Tomar las medidas apropiadas para salvaguardar el Sello de Vendedor Autorizado de WIC de uso indebido, o de ser usado por personal sin autorización;

h. Devolver el Sello de Vendedor Autorizado de WIC al Programa Local de WIC inmediatamente una vez alcanzada la terminación de este acuerdo, o una vez que haya sido descalificado como Vendedor del Programa WIC;

8. Redimir los cupones de WIC ("WIC vouchers") para pago de acuerdo a los procedimientos establecidos por las regulaciones Federales y por el Programa WIC de Massachusetts:

a. Endorsar al reverso, con firma propia, o con sello de firma o endorso usado para depósito, todos los cupones de WIC sometidos para pago en el banco del Vendedor;

b. Nunca someter para pago, al banco del Vendedor, ningún cupón de WIC que haya sido alterado o cambiado en forma alguna, cualquiera de esos cupones deberán ser entregados directamente a la oficina Estatal de WIC;

c. Someter para pago solamente aquellos cúpones de WIC que hayan sido estampados con el Sello de Vendedor Autorizado de WIC;

d. Someter los cupones de WIC para pago solamente en el banco de depósito del Vendedor o a la Oficina Estatal de WIC,

e. Someter los cupones de WIC para pago en el banco de depósito del Vendedor dentro del periodo de sesenta (60) días a partir de la fecha imprimida ("issue date") en el frente del cupón de WIC;

9. Asegurarse de que todo el personal del Vendedor cumpla con todos los requisitos administrativos establecidos por el Programa WIC de Massachusetts:

a. Tratar a los participantes de WIC o sus representantes autorizados con cortesía;

b. Nunca exigir que los participantes de WIC o sus representantes autorizados usen una línea separada en la caja registradora ("separate checkout line");

c. Mantener toda información acerca de los participantes de WIC o sus representantes autorizados en confidencia;

d. Nunca discriminar a los participantes de WIC o sus representantes autorizados basándose en raza, color, nacionalidad, creencia, inclinación política, edad, sexo, o impedimento físico;

e. Someter al Programa Local de WIC los precios al por menor actuales en "lista" ("shelf prices") de los alimentos de WIC autorizados en bases trimestrales (cada tres meses); precio de Octubre 1; para Octubre 8, 1985, precio de enero 1, para enero 9, 1986, precio de abril 1, 1986, para abril 8, 1986 y precio de julio 1, para julio 31, 1986;

f. Cumplir con todas las leyes Federales, Estatales, y Locales, y con aquellas regulaciones pertinentes a revelar los precios de cualquier artículo ofrecido a la venta: para Vendedores de Massachusetts, esto incluye pero no está limitado al 940 CMR 3.13(1)(a) el cual establece que: "es un acto o práctica injusta y engañosa que cualquier persona que sea sujeto a este acto no ponga el precio en cualquier artículo que ha de ser vendido al público, el precio al que deben de ser vendidos";

g. Reportar al Programa Local de WIC cualquier irregularidad en el uso de los cupones de WIC ("WIC vouchers") por los participantes de WIC o por sus representantes autorizados;

h. Cooperar con el personal Federal, Estatal, o del Programa Local de WIC durante visitas de revisión y verificación; las cuales pudieran incluir revisión de cupones de WIC existentes en el local del Vendedor;

i. Proveer al Programa WIC con recibos de compras de ventas al por mayor, o con cualquier otro recibo, o archivos cuando sean requeridos incluyendo documentación del precio fijado;

j. Si el vendedor provee entrega a domicilio de los alimentos de WIC, mantener recibos de pag y entrega de estos alimentos por tres años.

k. Mantener en un lugar visible y al día para ser inspeccionado por el Programa Local de WIC, el Certificado de Registración de la Junta Local de Salud, si el Vendedor es una tienda de venta de alimentos al por menor.

l. Cumplir con las estipulaciones no-discriminatorias, de los reglamentos del Departamento de Agricultura (7CFR - partes 15,15a y 15b)

EL PROGRAMA LOCAL DE WIC ESTA DE ACUERDO CON:

1. Proveer instrucción a los participantes de WIC en el uso adecuado de los cupones de WIC ("WIC vouchers").

2. Proveer asistencia al Vendedor en como tratar cualquier irregularidad en el uso de los cupones de WIC ("WIC vouchers") por parte de los participantes de WIC, o sus representantes autorizados cuando sea solicitado por el Vendedor.

3. Notificar a los participantes de WIC de que el Vendedor esta autorizado a aceptar cupones de WIC ("WIC vouchers").

4. Proveer guía al Vendedor concerniente a los alimentos WIC autorizados, así como a las normas e instrucciones incluyendo, pero no limitadas a:

   a. Entrenamiento al Vendedor en los procedimientos necesarios del Programa WIC de Massachusetts;

   b. Transmitir información pertinente, incluyendo cualquier cambio en las regulaciones Federales y/o procedimientos del Programa WIC de Massachusetts que puedan afectar al Vendedor;

ESTIPULACIONES GENERALES:

1. Este acuerdo puede ser modificado en cualquier momento, bajo acuerdo mutuo escrito de los individuos, e incorporado por referencia aquí incluído.

2 Este acuerdo es nulo e inválido si el Vendedor cesa operaciones o cambia de nombre, dirección o cambia dueño. El Vendedor tiene que dar información por escrito con treinta (30) días de anticipación al Programa Local de WIC, si el Vendedor tiene intenciones de cesar operaciones, cambiar de nombre, cambiar de dirección, o cambiar de dueño.

3. Este acuerdo es nulo e inválido si la Agencia Local o el Programa Local de WIC que autoriza este acuerdo deja de operar. Si la Agencia Local o el Programa Local de WIC deja de operar, la Agencia Local o el Programa Local de WIC tiene que dar información por escrito con treinta (30) días de anticipación al Vendedor. En estos casos, este contrato puede, (opcional al Programa WIC de Massachusetts) ser asignado a el Programa Local WIC y a la agencia Local quienes subsiguientemente asumen responsabilidad de esa area. El Vendedor debe ser notificado por escrito de ese acuerdo. A menos que este contrato sea asignado por el Programa WIC de Massachusetts, este será nulo e inválido cuando la agencia local o el Programa Local de WIC cese operaciones o deje de asumir responsabilidad de WIC para esa área.

4. Este acuerdo puede ser terminado por mutuo consentimiento con notificación por escrito con treinta (30) dias de anticipación, entre los individuos.

5. Este contrato puede ser cancelado por el Programa WIC de Massachusetts o por el Vendedor a traves de notificación escrita con 15 días de anticipación. Las formas de abuso contra el Programa por las cuales el Programa WIC de Massachusetts puede cancelar este contrato están expuestas en los Reglamentos de Sanción al Vendedor. (Vendor Sanction Policy) enmienda A, la cual es parte de este contrato.

6. Ni el Programa local de WIC, ni el Vendedor tienen la obligación de renovar este acuerdo.

7. Si los precios de el vendedor aumentan sobre los precios sometidos en la solicitud de este contrato y este aumento no es debido al índice de inflación y/u otro factor legítimo, el Programa WIC de Massachusetts puede cancelar este contrato con 30 días de anticipación a la notificación escrita. Durante estos 30 días el Vendedor puede demostrar que los precios han sido reducidos a un nivel aceptable, en tales casos el contrato no será cancelado.

8. El Programa WIC de Massachusetts tiene el derecho a demandar reembolso por pago de cupones de WIC ("WIC vouchers") cuyo precio es excesivo al precio de compra actual de los alimentos WIC autorizados.

9. El Programa WIC de Massachusetts puede negar pagos al Vendedor, o puede demandar reembolso por pagos que ya hayan tomado lugar, al Vendedor WIC por cupones WIC ("WIC vouchers") que hayan sido usados contrarios a los términos de este acuerdo.

10. El Programa WIC de Massachusetts puede designar al Vendedor como "Alto Riesgo" ("High Risk") de acuerdo al protocolo normal y uniforme que cubre al Estado. Si el Vendedor ha sido designado como "Alto Riesgo" el Programa WIC de Massachusetts puede exigir al Vendedor a someter los cupones WIC ("WIC vouchers") para pagos directamente a la Oficina WIC del Estado.

11. El Vendedor que cometa abusos o fraudes contra el Programa WIC, será sujeto a persecusión bajo leyes Federales y Estatales aplicables. Aquellos Vendedores que a conciencia hayan mal-aplicado, robado, o cometido fraude obteniendo fondos de WIC, serán, si estos fondos son de un valor de $100 dólares o más, multados por un máximo de $10,000 dólares o encarcelados por un máximo de cinco años, o ambos; si los fondos son de un valor de menos de $100 dólares, serán multados por un máximo de $1,000, o encarcelados por un máximo de un año, o ambos.

12. Si el Vendedor falla en cumplir con cualquiera de las estipulaciones de este acuerdo, o viola cualquier parte de las regulaciones Federales, el Vendedor será descalificado o sancionado en acuerdo con la Póliza de Sanción de Vendedor del Programa WIC de Massachusetts ("Massachusetts WIC Program Vendor Sanction Policy") como aparece en "Anexión A" ("Attachment A") la cual es parte de este acuerdo.

13. El Vendedor tiene el derecho a apelar la descalificación del Programa WIC, o cualquier otra sancion por parte del Programa WIC, solicitando una "Audiencia Imparcial" ("Fair Hearing") por escrito al Programa WIC de Massachusetts, Departamento de Salud Pública, 150 Tremont Street, 3rd Floor, Boston, MA 02111. Esta solicitud tiene que ser recibida en el Departamento de Salud Pública dentro del periodo de 30 días a partir del día en que el Vendedor recibe notificación acerca de la descalificación u otra sanción.

14. Firmar este contrato constituye la representación de ambas partes, asegurando que no hay conflicto de intereses entre la agencia local y/o el Programa Local y el Vendedor.

15. Este contrato está sujeto a modificaciones de acuerdo a cambios en los requisitos Federales y Estatales que gobiernan el Programa WIC.

Este es un Programa de Igualdad de Oportunidades. Si cree que por raza, origen, color, edad, sexo, o porque es inválido ha sido discriminado, escriba de inmediato a la Secretaría de Agricultura, Washington, D.C. 20250

ACUERDO PARA VENDEDOR DE WIC: AÑO FISCAL 1986

ACUERDO ENTRE _____ Y _____
(Programa Local de WIC) (Vendedor)

PERIODO DE TIEMPO DE ESTE ACUERDO ES DE _____ A _____

Firmado por el Programa/Agencia Local de WIC en representación del Programa WIC de Massachusetts de el Departamento de Salud Pública de Massachusetts.

_____
FIRMA

_____
FECHA EN QUE FUE FIRMADO

_____
NOMBRE

_____
TITULO

_____
NOMBRE DEL PROGRAMA

_____
NOMBRE DE LA AGENCIA

_____
DIRECCION

_____
NUMERO DE TELEFONO

_____
NOMBRE DE PERSONA A CONTACTAR
(SI DISTINTO AL ARRIBA ESCRITO)

_____
NUMERO DE TELEFONO

Firmado por el Individuo con autoridad legal a obligar al Vendedor.

_____
FIRMA

_____
FECHA EN QUE FUE FIRMADO

_____
NOMBRE

_____
TITULO

_____
NOMBRE DEL VENDEDOR

_____
DIRECCION

_____
NUMERO DE TELEFONO

_____
NOMBRE DE ALTERNATIVA PERSONA A CONTACTAR

_____
NUMERO DE TELEFONO

MARQUE Y FIRME SI EL VENDEDOR HA RECIBIDO UNA COPIA DE ESTE CONTRATO EN ESPAÑOL / /

_____ _____
FIRMA DEL VENDEDOR FECHA

VENDOR STAMP RECEIPT

Local Program Letterhead

_____
VENDOR NAME

_____
VENDOR ADDRESS

has received the Massachusetts WIC Program Vendor Authorization Stamp number _____ for use during the WIC vendor agreement year October 1, 198__ to September 30, 198__ (or for as long as the WIC Vendor Agreement is valid).

This stamp must be returned to the WIC Program upon termination of the WIC Vendor Agreement or upon disqualification from the WIC Program.

_____ VENDOR (STORE OR DAIRY) NAME	_____ LOCAL WIC PROGRAM NAME
_____ SIGNATURE OF VENDOR REPRESENTATIVE	_____ SIGNATURE OF LOCAL WIC PROGRAM REPRESENTATIVE
_____ PRINT NAME	_____ PRINT NAME
_____ TITLE	_____ TITLE
_____ DATE	_____ DATE

THE VENDOR AGREEMENT

EVERY AUTHORIZED WIC VENDOR MUST SIGN A WIC VENDOR AGREEMENT BEFORE THE BEGINNING OF THE AUTHORIZATION PERIOD

For a copy of the WIC Vendor Agreement, see Part V, Section B.8a.

The WIC Vendor Agreement very explicitly details a vendor's responsiblities in the WIC Program. Use the vendor agreement to train your vendors fully in WIC policies and procedures in order to avoid the mistakes that come from carelessness or incorrect information.

THE WIC VENDOR AUTHORIZATION STAMP

ONLY A CURRENTLY AUTHORIZED WIC VENDOR WITH A SIGNED AND VALID WIC VENDOR AGREEMENT IS ALLOWED TO HAVE A WIC VENDOR AUTHORIZATION STAMP

The WIC Vendor Authorization Stamp--a rubber stamp bearing a 4-digit number that identifies the vendor--allows an authorized WIC vendor to validate WIC vouchers for deposit in the vendor's bank. Vouchers are invalid unless stamped with a vendor stamp.

The vendor stamp is also a form of identification that allows the WIC Program to trace which individual vendor redeemed which individual voucher.

-- The first two numbers identify the local WIC program that has signed an agreement with the vendor.

-- The last two numbers identify the individual vendor.

Whenever you issue a Vendor Authorization Stamp to an authorized vendor, you must submit a yellow WIC Vendor Input Form with the vendor identification number corresponding to the actual stamp number issued. (See section V9.a)

Whenever you issue a Vendor Authorization Stamp to an authorized vendor, the vendor must sign a "VENDOR STAMP RECEIPT". (See Part V, Section B.8a).

The vendor is allowed to keep and use the vendor stamp only for the duration of the WIC vendor agreement. Collect the stamp when the vendor's agreement expires or when the vendor is no longer authorized to participate on the WIC Program.

REGISTERING VENDORS WITH THE STATE WIC OFFICE

YOU MUST NOTIFY THE STATE WIC OFFICE OF ALL VENDORS YOU AUTHORIZE FOR PARTICIPATION IN THE WIC PROGRAM

At the beginning of each fiscal year, a new vendor file is created for all authorized WIC vendors. Without the appropriate information, the State WIC Office cannot know which vendors throughout the state are authorized to redeem and be reimbursed for vouchers.

After you complete an authorization session with a vendor, you must:

1. Complete a yellow Vendor Input Form for each vendor with which you sign a WIC Vendor Agreement. See Part V, Section B.9a for instructions on how to fill out a Vendor Input Form.

2. Send the completed Vendor Input Form to the State WIC Office. The vendor input form should contain the correct store name, address, phone number and manager's name for the vendor. The identification number should correspond to the actual WIC vendor stamp issued to the vendor. See Part V, Section B.8c for more information on the Vendor Authorization Stamp.

3. VENDOR INPUT FORMS MUST REACH THE STATE WIC OFFICE BY "INPUT CUT-OFF DAY" IN OCTOBER (for vendor authorizations that begin at the start of the fiscal year).

4. Send one copy of the last page of your signed vendor agreements to the State WIC Office.

Vendor input forms should be completed and submitted to the State WIC Office throughout the year if a vendor:

- goes out of business
- loses the vendor stamp and receives a new stamp number
- changes managers
- changes any other information in the vendor file.

ENTERING A VENDOR INTO THE COMPUTER FILES

TO ENTER A VENDOR INTO THE COMPUTER FILES, YOU MUST FILL OUT A YELLOW VENDOR INPUT FORM. THIS IS CALLED COMPLETING A TRANSACTION TYPE 1.

The yellow vendor input form should be completed and mailed to the State WIC Office within 2 weeks after you have signed the authorization agreement with the vendor.

For a Transaction Type 1 ("Trans. Type 1"), make sure that the vendor's identification number does not duplicate an existing vendor identification number for a vendor active on your vendor masterfiles. The computer will not accept more than one Trans. Type 1 on the same vendor identification number. However, you may use a vendor identification number you have used before if the number is inactive. All vendor files from the previous years are inactive. This allows you to re-use a vendor identification number year after year. Refer to your "Vendor Report" to determine which numbers are active. See Part V, Section B.10a(1) for a copy of the Vendor Report.

COMPLETING THE HEADER

INPUT CODE: "V". Preprinted on the form.

PROGRAM CODE: Enter the three digit number that designates your local program.

VENDOR IDENTIFICATION NUMBER: Enter the three digit vendor identification number that you have assigned to the vendor. The first box (character 5) should always be zero-filled. The second two digits of the vendor identification number must match the vendor stamp number.

TRANS. TYPE: Enter the number "1" for a new add.

BATCH DATE: Enter the date by month, day and year using six digits. Example: October 1, 1985 is 10/01/85.

EVERY FIELD IN THE HEADER IS A CRITICAL FIELD.

LINE 1

VENDOR COMPANY NAME: Enter the complete name of the vendor.

VENDOR'S REPRESENTATIVE, LAST NAME, FIRST NAME: Enter the name of the person in the vendor company who is responsible for WIC.

VENDOR CLASS CODE: Enter the number that designates the vendor's type of store. The codes are on the form.

EVERY FIELD IN LINE 1 IS A CRITICAL FIELD.

LINE 2

2ND LINE OF ADDRESS: Enter street address of vendor. Critical field.

EXTRA LINE OF ADDRESS: You may enter any further address information that may be useful, for example, mailing address if different from street address. Optional field.

TELEPHONE NUMBER: Enter vendor's telephone number by area code, exchange, number and extension. Optional field, but please include for easy reference.

2ND LINE OF ADDRESS IS A CRITICAL FIELD FOR LINE 2.

LINE 3

CITY OR TOWN: Enter the name of the city or town in which the vendor is located. Critical field.

STATE: MA. Preprinted on form.

ZIP CODE: Enter the zip code for the vendor's address.

DPH TOWN CODE: Enter the three digit code designated for vendor's city or town by the Department of Public Health. See Part V, Section A.3a(4b) for DPH Town Codes.

APPROVAL DATE: Enter the date by month, day and year that the vendor contract begins, in six digits.

TERMINATION CODE: Leave blank.

TERMINATION DATE: Leave blank.

CITY OR TOWN IS A CRITICAL FIELD FOR LINE 3.

The Commonwealth of Massachusetts

Department of Public Health

WIC VENDOR INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

INPUT CODE	PROGRAM CODE	VENDOR IDENT. NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
V	099	015	1	100185
		5 7	8	9 14

1 - add
2 - change

SAMPLE FOR ADDING A NEW VENDOR

PLEASE PRINT IN INK

1. Large chain supermarket
2. Medium sized market
3. Small neighborhood or convenience store
4. Home Delivery Vendor
5. Pharmacy

Check for Change

LINE	VENDOR COMPANY NAME	VENDOR'S REPRESENTATIVE LAST NAME	FIRST NAME	VENDOR CLASS CODE
1	DIANA MARKET	HIGBEY	BARBARA	2
15	16 45	46	70	71

Check for Change

LINE	2ND LINE OF ADDRESS	EXTRA LINE OF ADDRESS (IF NEEDED)	TELEPHONE NUMBER AREA EXCH. NUMBER	EXT.
2	944 DORCHESTER AVE.		617 555 1234	
15	16 40	41 65	68 75	76 79

Check for Change

LINE	CITY OR TOWN	STATE	ZIP CODE	DPH TOWN CODE	APPROVAL DATE (MM/DD/YY)	TERMINATION CODE	TERMINATION DATE (MM/DD/YY)
3	DORCHESTER	MA	02125	035	100185		
15	16 40	41 42	43 47	48 50	51 56	69	70 75

EP537

PART V: FOOD DELIVERY
SECTION: B.9a
PAGE: 3
DATE: 8/85

BATCHING VENDOR INPUT FORMS

YOU MUST GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE VENDOR INPUT FORM IN ORDER TO SUBMIT THIS INFORMATION INTO THE COMPUTER.

SINCE "VENDOR BATCH HEADERS" DO NOT EXIST, YOU MUST MAKE YOUR OWN BATCH HEADER BY CUTTING OFF THE HEADER SECTION OF A WIC VENDOR INPUT FORM. DO NOT USE A "PARTICIPANT INPUT FORM" OR "MANUAL VOUCHER INPUT FORM" BATCH HEADER.

Group the original copies of the input forms by:

1. Computer transaction type (Trans. Type 1 for new adds, 2 for changes)
2. Batch date.

Fill out a "batch header" for each group of input forms.

1. Cut off the header section of the WIC Vendor Input Form.
2. Fill in your three digit program code.
3. In the space for "Vendor Ident. Number", fill in the left-most box with an asterisk (*) to indicate that it is a batch header, and then fill in the number of vendor input forms in the batch.
4. Fill in the transaction type number (1 for a new adds, 2 for changes)
5. Fill in the batch date by month, date and year.
6. Place the batch header on top of the batch of input forms, and staple them together in the upper left-hand corner.

The Commonwealth of Massachusetts

Department of Public Health

WIC VENDOR INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

INPUT CODE	PROGRAM CODE	VENDOR IDENT. NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
V				
		5 7	8	9 14
			1 - add 2 - change	

SAMPLE
VENDOR BATCH
HEADER
(BLANK)

The Commonwealth of Massachusetts

Department of Public Health

WIC VENDOR INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

INPUT CODE	PROGRAM CODE	VENDOR IDENT. NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
V	099	*23	1	10 01 85
		5 7	8	9 14

1 - add
2 - change

SAMPLE
VENDOR BATCH
HEADER
(COMPLETED)

PART V: FOOD DELIVERY
SECTION: B.9b
PAGE: 3
DATE: 8/85

VENDOR FILES

THERE ARE TWO PARTS TO VENDOR RECORD KEEPING AND FILE MAINTENANCE: THE VENDOR REPORT, GENERATED FROM THE VENDOR MASTERFILE, AND OFFICE VENDOR FILES CONSISTING OF STANDARD FILE FOLDERS CONTAINING COPIES OF ALL REQUIRED DOCUMENTS.

See the following sections for more information about vendor files.

THE VENDOR MASTERFILE

THE VENDOR MASTERFILE CONTAINS ALL RECORDS OF BASIC INFORMATION PERTAINING TO EACH WIC VENDOR. THE ONLY WAY TO ACCESS THE VENDOR MASTERFILE IS WITH A WIC VENDOR INPUT FORM.

Maintaining complete and accurate computer records for all WIC vendors is very important. Massachusetts WIC will shortly implement a computerize vendor monitoring system which will utilize the information in the vendor masterfile.

The vendor masterfile is updated once a month, at the time of voucher create.

VENDOR REPORT

THE VENDOR REPORT LISTS ALL WIC VENDORS, BY LOCAL PROGRAM, BY VENDOR NUMBER, IN ASCENDING ORDER.

THE MICROFICHE COPY OF THIS REPORT MUST BE RETAINED FOR THREE AND A HALF YEARS.

Each record in the Vendor Report contains all the information about the vendor that is in the WIC vendor computer masterfile.

REPORT NO. WIC025C

WIC PROGRAM

VENDOR REPORT

MONTH OF MAY

NEW BEDFORD WIC

001 SHAWS SUPERMARKET
PAUL MCKENNA ASST MNGR
219 WASHINGTON ST FHVN
FAIRHAVEN 02719
REGO JOSEPH JR
617-993-9996 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-84
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
DPH TOWN - 094

002 SUNSHINE COUNTRY
GERALD PERRY ASST MNGR
139 HATHAWAY RD
NEW BEDFORD 02746
COSTA ROBERT
617-996-5651 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-84
TERMINATION DATE - 03-04-85
TERMINATION CODE - 2
DPH TOWN - 201

003 MORSES FOOD MART
MICHAEL SLIWA ASST MNGR
41 ROCKDALE AVE
NEW BEDFORD 02740
HOWARD JOHN
617-994-0888 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-84
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
DPH TOWN - 201

004 SHAWS SUPERMARKET
DAVE CUSTODIO ASST MNGR
1068 KINGS HIGHWAY
NEW BEDFORD 02748
BOTELHO RICHARD
617-998-1226 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-84
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
DPH TOWN - 201

005 STOP AND SHOP
JANE MEDIEROS ASST
179 ROCKDALE AVE
SO DARTMOUTH 02748
SILVA TOM
617-997-4962 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-84
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
DPH TOWN - 072

006 ALMACS SUPERMARKET
BOB PETITJEAN GROC MNGR
27 FAUNCE CORNER RD
NO DARTMOUTH 02747
MULROY EDWARD
617-992-2100 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-84
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
DPH TOWN - 072

007 SHAWS SUPERMARKET
TONY CARREIRAS
15 STATE RD
NO DARTMOUTH 02747
SEVERINO ROBERT
617-993-9995 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-84
TERMINATION DATE - 04-26-85
TERMINATION CODE - 3
DPH TOWN - 072

CHANGING VENDOR INFORMATION AND TERMINATING VENDORS

TO CHANGE INFORMATION ON A VENDOR ALREADY IN THE COMPUTER FILES, YOU MUST FILL OUT A YELLOW VENDOR INPUT FORM. THIS IS CALLED COMPLETING A TRANSACTION TYPE 2.

NO MATTER WHAT CHANGE YOU ARE MAKING, YOU MUST ALWAYS COMPLETE THE HEADER INFORMATION.

Vendor input forms should be completed and submitted to the State WIC Office throughout the year if any information on the vendor changes, i.e., the vendor goes out of business, is issued a new vendor stamp, changes managers, etc.

COMPLETING THE HEADER

INPUT CODE: "V". Preprinted on the form.

PROGRAM CODE: Enter the three digit number that designates your local program.

VENDOR IDENTIFICATION NUMBER: Enter the three digit vendor identification number that you have assigned to the vendor. The first box (character 5) should always be zero-filled. The second two digits of the vendor identification number must match the vendor stamp number.

TRANS. TYPE: Enter the number "2" for a change.

BATCH DATE: Enter the date by month, day and year using six digits. Example: December 5, 1985 is 12/05/85.

EVERY FIELD IN THE HEADER IS A CRITICAL FIELD.

CHECK THE BOX FOR CHANGE

Go to the line or lines on which you wish to make a change in the data. Check the box that says "Check for Change", and enter the data in the appropriate fields.

TERMINATING VENDORS

TERMINATION CODE: Enter the code that designates the reason the vendor has been terminated.

CODE	DEFINITION
1	Vendor has indicated an unwillingness to participate in the WIC Program
2	Vendor has gone out of business
3	Vendor has lost stamp. New vendor number assigned
4	Vendor has been terminated for reason of non-compliance with WIC regulations

TERMINATION DATE: Enter the six digit number that represents the date the vendor's agreement was terminated.

You must enter both a termination code and a termination date when you terminate a vendor.

The vendor will continue to be carried on the masterfile after termination in order to show the reason why s/he was terminated. Once a vendor has been terminated, you may not reassign her/his vendor identification number to another vendor in the same fiscal year.

The Commonwealth of Massachusetts

Department of Public Health

WIC VENDOR INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

SAMPLE FOR A VENDOR CHANGE

ALWAYS COMPLETE HEADER INFORMATION

INPUT CODE	PROGRAM CODE	VENDOR IDENT. NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
V	099	017	2	121185
		5 7	8 (1 - add, 2 - change)	9 14

PLEASE PRINT IN INK

1. Large chain supermarket
2. Medium sized market
3. Small neighborhood or convenience store
4. Home Delivery Vendor
5. Pharmacy

Check for Change: ✓

LINE 1 — VENDOR COMPANY NAME (15, 16–45) — VENDOR'S REPRESENTATIVE LAST NAME: ANGER (46–70) — FIRST NAME: PAROL — VENDOR CLASS CODE (71)

Check for Change:

LINE 2 — 2ND LINE OF ADDRESS (15, 16–40) — EXTRA LINE OF ADDRESS (IF NEEDED) (41–65) — TELEPHONE NUMBER AREA EXCH. NUMBER (66–75) — EXT. (76–79)

Check for Change:

LINE 3 — CITY OR TOWN (15, 16–40) — STATE: MA (41 42) — ZIP CODE (43–47) — DPH TOWN CODE (48–50) — APPROVAL DATE (MM/DD/YY) (51–56) — TERMINATION CODE (69) — TERMINATION DATE (MM/DD/YY) (70–75)

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OFFICE VENDOR FILES

YOU MUST KEEP COPIES OF ALL MATERIALS PERTAINING TO EACH VENDOR WITH WHOM YOU HAVE AN AGREEMENT* FOR 3½ FISCAL YEARS.

The following materials need to be kept in the vendor's file:

1. Vendor application and price list for July 1 (with vendor's signatures)
2. Mandatory minimum checklist
3. Composite price calculation sheet
4. Acceptance/rejection letter (copy) and receipt
5. Vendor agreement (with vendor and WIC signatures)
6. Authorization Stamp receipt
7. Quarterly price lists (Oct. 1, Jan. 1, April 1)
8. On-site review forms (if applicable)
9. Written participant complaints (if applicable)
10. Vendor correspondence (authorization expiration letters, warning letters, etc.)

It is suggested that you also have a "flow sheet" in the vendor's file to record telephone calls made to and from the vendor to document day to day concerns from or about the vendor.

NOTIFYING PARTICIPANTS OF WIC VENDORS

YOU MUST NOTIFY YOUR WIC PARTICIPANTS OF ALL VENDORS AUTHORIZED TO ACCEPT WIC VOUCHERS WITHIN YOUR PROGRAM CATCHMENT AREA (AND ALSO IN ADJOINING AREAS IF APPROPRIATE)

1. Compile a list of all authorized WIC vendors within your program area. Include:

   -- Vendor name
   -- Vendor address
   -- Vendor phone number

   You might also want to include:

   -- Manager's name
   -- Vendor's hours of operation

2. Distribute your vendor list to all participants during the October voucher pick-up.

3. Distribute your vendor list to all new WIC participants as they enter the program.

4. Post a list of your authorized vendors in the WIC office (if possible).

MAINTAINING A POSITIVE RELATIONSHIP WITH WIC VENDORS

TO BE MOST EFFECTIVE IN THE COMMUNITY, MAINTAIN A POSITIVE AND SUPPORTIVE RELATIONSHIP WITH YOUR VENDORS

Vendors are important linkages for the WIC Program with the community. WIC participants often have more contact with the WIC vendors than they do with your local WIC program staff. You should incorporate vendors into your WIC network.

USE YOUR VENDORS AS RESOURCES FOR OUTREACH INTO THE COMMUNITY:

-- Make sure that all vendors have signs notifying customers that they are authorized WIC vendors.

-- Leave a variety of WIC material for the vendor. The most useful sort of information would be pamphlets or brochures that describe the WIC Program, explain the eligibility criteria, and provide information on how someone can apply.

-- Leave nutrition education materials with the vendor. "Point of purchase" education about WIC foods and their use can be a helpful method of reinforcing WIC's educational message.

VENDOR EDUCATION

REGULAR COMMUNICATION IS AN ESSENTIAL ELEMENT OF YOUR RELATIONSHIP WITH YOUR VENDORS.

DOCUMENT THE CONTENT OF ALL FORMS OF VENDOR EDUCATION IN THE VENDOR'S FILE.

VENDOR EDUCATION SESSIONS

Vendor education could involve visits to the the vendor, letters, phone calls, or personal conversations. You may choose to educate vendors individually or in groups.

Vendor education sessions can be either formal or informal. Gear the manner and intensity of the education session to the subject matter.

When there is a change in WIC policy or procedures that has an impact on vendors, it is best to notify vendors verbally and then to follow up with a letter reinforcing the information.

RESPONDING TO COMMENTS AND COMPLAINTS FROM VENDORS

ENCOURAGE VENDORS TO VOICE THEIR OPINIONS ABOUT THE OPERATIONS OF THE WIC PROGRAM

Take vendors' comments and complaints very seriously. They may be a helpful way of identifying areas where you need to concentrate your education of your participants.

When a vendor has a complaint about appropriate WIC protocol, it may be due to a lack of understanding about the intent of the WIC Program. Use this opportunity to re-assert WIC's intentions and philosophies.

VENDOR'S COMMENTS AND COMPLAINTS

1. When a vendor has a comment or complaint about the WIC Program, document the vendor's concern with the "VENDOR'S COMMENT/COMPLAINT FORM".

2. Try to act on all complaints within two weeks of receiving the complaint.

3. File the completed "Vendor Comment/Complaint Form" in the vendor's file.

4. Send a copy of the completed "Vendor Comment/Complaint Form" to the State WIC Office.

VENDOR'S COMMENT/COMPLAINT FORM

LOCAL PROGRAM NAME: _____

DATE: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR REPRESENTATIVE MAKING COMMENT/COMPLAINT: _____

TITLE: _____

TYPE OF COMMENT/COMPLAINT: /__/letter /__/phone call /__/ visit /__/other _____

NATURE OF COMMENT/COMPLAINT: _____

_____

_____

_____

_____

_____

_____

_____

(FOR A COMPLAINT:)
IS THIS THE FIRST TIME THIS PROBLEM HAS HAPPENED? /__/ Yes /__/ No

COMMENT? _____

_____

WIC STAFF SIGNATURE: _____

DATE: _____

- -

WIC ACTION TAKEN (IF APPROPRIATE): _____

_____

_____

_____

_____

ROUTINE VENDOR MONITORING

YOU ARE RESPONSIBLE FOR ROUTINE VENDOR MONITORING, INCLUDING:

1. OBTAINING QUARTERLY PRICE LISTS
2. RESPONDING TO COMMENTS AND COMPLAINTS FROM PARTICIPANTS
3. CONDUCTING ON-SITE REVIEWS
4. NOTIFYING THE STATE WIC OFFICE OF SERIOUS COMPLAINTS AGAINST ANY VENDOR WITH WHOM YOU HAVE AN AGREEMENT

Monitoring vendors is a shared responsibility between the State WIC Office and the local WIC programs.

At the local level, you are primarily responsible for monitoring a vendor's compliance with the intent and rules of the WIC Program, particularly regarding a vendor's relationship with your program and a vendor's relationship with WIC participants.

Routine vendor monitoring is the best way to discover problems with a vendor's WIC procedures.

VENDORS'QUARTERLY PRICE REPORTING

EVERY AUTHORIZED WIC VENDOR MUST SUBMIT A COMPLETED PRICE LIST TO THE WIC PROGRAM ON A QUARTERLY BASIS.

VENDORS MUST SUBMIT PRICES FOR:

1. OCTOBER 1
2. JANUARY 1
3. APRIL 1
4. JULY 1 (the application for the upcoming fiscal year)

YOU MUST SEND A COPY OF ALL OF YOUR QUARTERLY PRICE LISTS TO THE STATE WIC OFFICE BY THE 15th DAY OF THE QUARTER.

Submission of accurate Quarterly Price Lists is required for every authorized WIC vendor. THERE ARE NO EXCEPTIONS. Quarterly price reporting is the WIC Program's way of monitoring vendors' prices.

1. OCTOBER 1 PRICE REPORT: Give the vendor a copy of the Food Vendor Price List or Pharmacy Price List during the vendor authorization session. Hand the vendor a copy of the "QUARTERLY PRICE REPORT LETTER". The date on the price list must read October 1. The price list is due back in your office one week after October 1.

2. JANUARY 1 PRICE REPORT: By December 20, send the vendor a copy of the price list and a "QUARTERLY PRICE REPORT LETTER". The date on the price list must read January 1. The price list is due back in your office one week after January 1.

3. APRIL 1 PRICE REPORT: By March 20, send the vendor a copy of the price list and a "QUARTERLY PRICE REPORT LETTER". The date on the price list must read April 1. The price list is due back in your office one week after April 1.

4. JULY 1 PRICE REPORT: All currently participating vendors that request and submit vendor applications for the upcoming fiscal year do not need to submit separate quarterly price lists. The price lists in their applications serve the same purpose. Currently participating vendors that do not submit applications for the upcoming fiscal year must submit quarterly price lists. The date on the price list must read July 1. These vendors have until the application deadline to submit July quarterly price lists.

MASSACHUSETTS WIC PROGRAM FOOD VENDOR PRICE LIST

STORE DAIRY NAME _____

ADDRESS _____ TELEPHONE _____

LOCAL WIC PROGRAM

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985. USE BLACK INK.

FLUID MILK

	QUART	BRAND	½ GALLON	BRAND	GALLON	BRAND
WHOLE						
LOWFAT						
NONFAT (SKIM)						

DRY MILK

	1 LB	BRAND
WHOLE		
LOWFAT		
NONFAT (SKIM)		

EVAPORATED MILK

	13 oz	BRAND
WHOLE		
SKIM		

EGGS

	GRADE A LARGE
1 DOZEN	
½ DOZEN	

CEREAL

General Mills CORN TOTAL	10 oz	
General Mills KIX	9 oz.	
General Mills TOTAL	8 oz.	
	12 oz.	
	18 oz.	
Kellogg's BRAN FLAKES	11.5 oz.	
	16 oz.	
	20 oz.	
Kellogg's PRODUCT 19	9.5 oz.	
	12 oz.	
	15.4 oz.	
Nabisco CREAM OF WHEAT — Unflavored	10 oz. Mix & Eat	
	14 oz.	
	28 oz.	
Quaker HALFSIES	12 oz.	
Quaker INSTANT OATMEAL — Regular	12 oz.	
Standard Milling MALTEX	20 oz.	
Standard Milling MAYPO — 30 Sec. Oatmeal	14 oz.	
Standard Milling MAYPO — Vermont Style	19 oz.	
WIC USE		

CHEESE

	6 oz	8 oz.	10 oz.	16 oz.	WIC USE
AMERICAN					
BRICK					
CHEDDAR					
COLBY					
MONTEREY JACK					
MOZZARELLA Whole Milk					
MOZZARELLA Part Skim					
MUENSTER					
PROVOLONE					
SWISS					
WIC USE					

PEANUT BUTTER

18 oz	BRAND

DRIED PEAS OR BEANS

1 LB PKG.	TYPE OF PEA OR BEAN

JUICE

BOTTLE OR CARTON	1 QUART	BRAND	½ GALLON	BRAND
ORANGE				
GRAPEFRUIT				
APPLE	—	—		HOOD — CARTONS
	—	—		WEST LYNN CREAMERY CARTONS

FROZEN	6 oz	BRAND	12 oz.	BRAND
ORANGE				
GRAPEFRUIT				
APPLE		SENECA — RED CANS		SENECA — RED CANS

MASSACHUSETTS WIC PROGRAM FOOD VENDOR PRICE LIST (continued)

STORE DAIRY NAME _____

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985. USE BLACK INK.

REGULAR INFANT FORMULA

MILK-BASED	13 oz CONCENTRATE	32 oz READY-TO-FEED	1 lb POWDER	4/1.06 oz POWDER PKTS
ENFAMIL With Iron				—
SIMILAC With Iron				
SIMILAC WHEY With Iron				—
SMA With Iron				
ENFAMIL (Without Iron)				—
SIMILAC (Without Iron)				
SMA Lo-Iron				—
PM 60/40 (Without Iron)	—	—		—

SOY-BASED	13 oz CONCENTRATE	32 oz READY-TO-FEED	14 oz POWDER	4/1.06 oz POWDER PKTS
ISOMIL				
ISOMIL SF			—	—
NURSOY			—	—
PROSOBEE				—

	13 oz CONCENTRATE	32 oz READY-TO-FEED	1 lb POWDER	18/1.2 oz POWDER PKTS
I-SOYALAC				
SOYALAC				

INFANT JUICE

4.2 oz. JAR	BRAND

INFANT CEREAL

8 oz. IRON-FORTIFIED	BRAND	16 oz. IRON-FORTIFIED	BRAND

FOR WIC OFFICE USE ONLY:
CONTRACT APPLICATION
ROUTINE INSPECTION
RESPONSE TO COMPLAINT
QUARTERLY PRICE REPORT
SPANISH TRANSLATION GIVEN

I CERTIFY THAT THE PRICES ENTERED ON BOTH PAGES OF THIS PRICE LIST ARE THE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985.

SIGNATURE _____ DATE _____

THIS IS AN EQUAL OPPORTUNITY PROGRAM. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP, WRITE IMMEDIATELY TO THE SECRETARY OF AGRICULTURE, WASHINGTON, D.C. 20250

MASSACHUSETTS WIC PROGRAM PHARMACY PRICE LIST

PHARMACY NAME: _____

ADDRESS: _____ TELEPHONE: _____

LOCAL WIC PROGRAM

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985. USE BLACK INK.

REGULAR INFANT FORMULA

MILK-BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	1 lb. POWDER	4/1.06 oz. POWDER PKTS.
ENFAMIL (With Iron)				—
SIMILAC (With Iron)				
SIMILAC WHEY (With Iron)				—
SMA (With Iron)				
ENFAMIL (Without Iron)				—
SIMILAC (Without Iron)				
SMA Lo-Iron				—
PM 60/40 (Without Iron)	—	—		—

SOY-BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	14 oz. POWDER	4/1.06 oz. POWDER PKTS.
ISOMIL				
ISOMIL SF			—	—
NURSOY			—	—
PROSOBEE				—
	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	1 lb. POWDER	16/1.2 oz. POWDER PKTS.
I-SOYALAC				
SOYALAC				

SPECIAL PRESCRIPTION INFANT FORMULAS

	32 oz READY-TO-FEED	14 oz POWDER
ENSURE		
ENSURE OSMOLITE	32 oz. READY-TO-FEED	
ISOCAL	32 oz. READY-TO-FEED	
LOFENALAC	2.5 lb POWDER	
MEAT BASE FORMULA	15 oz CONCENTRATE	
MSUD DIET POWDER	2.5 lb POWDER	
NUTRAMIGEN	1 lb POWDER	

	2.5 lb POWDER
PHENYL-FREE	
PKU-1	1.1 lb POWDER
PKU-2	1.1 lb POWDER
PORTAGEN	1 lb POWDER
PREGESTIMIL	1 lb POWDER
PRODUCT 3200AB	1 lb POWDER
PRODUCT 3200K	1 lb POWDER

	1 lb POWDER		
PRODUCT 3232A			
PRODUCT 80056	5 lb POWDER		
RCF	13 oz CONCENTRATE		
SUSTACAL	32 oz READY-TO-FEED	3.8 lb POWDER	4/1.9 oz. POWDER PKTS
SUSTAGEN	1 lb POWDER	2.5 lb POWDER	5 lb POWDER
VITAL	4/2.75 oz POWDER PKTS		

FOR WIC OFFICE USE ONLY
- CONTRACT APPLICATION
- ROUTINE INSPECTION
- RESPONSE TO COMPLAINT
- QUARTERLY PRICE REPORT
- SPANISH TRANSLATION GIVEN

I CERTIFY THAT THE PRICES ENTERED ON THIS PRICE LIST ARE THE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1985.

SIGNATURE _____ DATE _____

THIS IS AN EQUAL OPPORTUNITY PROGRAM. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF RACE COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP, WRITE IMMEDIATELY TO THE SECRETARY OF AGRICULTURE WASHINGTON, D.C. 20250

QUARTERLY PRICE REPORT LETTER

Local Program Letterhead

Date: _____

Name of Addressee
Name of Vendor (Store or Dairy)
Number and Street
City, State and Zip

Dear _____:

I have enclosed a WIC Program Quarterly Price Report for you to fill out.

As you know, all authorized WIC vendors must submit retail prices of all WIC-approved foods to the WIC Program on a quarterly basis.

Please note that we are requesting your SHELF PRICES for [the first day of the quarter].

Please complete this report and return it to me no later than by 4:00 p.m. on [one week after the first day of the quarter].

Feel free to call me if you have any questions.

Sincerely,

Local WIC Program Director
Local WIC Program

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

RESPONDING TO COMMENTS AND COMPLAINTS FROM PARTICIPANTS

PARTICIPANTS PLAY AN ACTIVE ROLE IN VENDOR MONITORING

DOCUMENT ANY PARTICIPANT COMPLAINT ABOUT A VENDOR

For participants to be involved in vendor monitoring, they must clearly understand how to properly redeem their WIC vouchers. When participants start on the program, carefully teach them how to correctly use the WIC vouchers. (See Section IV.A.6.b, "VOUCHER REDEMPTION", in this Manual.)

Make it clear to your participants that you want to know if they ever have any problems with WIC vendors, or if they ever have procedural problems redeeming their vouchers.

- Some WIC programs put up a suggestion/complaint box in the WIC office
- Some WIC programs regularly distribute questionnaires asking about vendors and voucher redemption

* IT IS A PARTICIPANT'S RIGHT NOT TO GIVE HER/HIS NAME WHEN MAKING A COMPLAINT

Inform your participants that if they report violations by a vendor, they would never be forced to testify in court or in a fair hearing unless they wanted to. For a fair hearing, however, it is helpful to get a signed statement from the participant when you can.

* YOU MUST DOCUMENT AND FOLLOW-UP COMPLAINTS THAT YOU RECEIVE FROM A PARTICIPANT

Use the "PARTICIPANT'S COMMENT/COMPLAINT FORM" to document for the vendor's file any comments or complaints that you receive about a vendor. Vendor complaints must be written or dictated by the participant, using the actual words of the participant. You may not document a participant complaint with a summation or notation by the WIC staff.

Follow each participant complaint or comment with a letter to the vendor. You may also choose to make a phone call. It is important to commend vendors that are responsive to the WIC Program and that take an interest in WIC participants. At the same time, you must notify all vendors in writing of complaints by participants. NEVER MENTION THE PARTICIPANT'S NAME TO A VENDOR.

Send a copy of the participant's complaint to the State WIC Office.

File a copy of any letter to the vendor in the vendor's file.

PARTICIPANT'S VENDOR COMPLAINT FORM

LOCAL PROGRAM NAME: _____

DATE: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

DATE OF INCIDENT: _____

VENDOR PERSONNEL INVOLVED (if unknown, give description): _____

_____

NATURE OF INCIDENT: _____

_____

_____

_____

_____

_____

_____

DID THE PARTICIPANT NOTIFY THE STORE MANAGER? /__/ yes /__/ no /__/ don't know

IS THIS THE FIRST TIME TIME PROBLEM HAS HAPPENED? /__/yes /__/no /__/ don't know

COMMENT? _____

_____

_____

WIC STAFF SIGNATURE: _____

DATE: _____

- -

WIC ACTION TAKEN (IF APPROPRIATE): _____

_____

_____

_____

ON-SITE VENDOR REVIEW

BEFORE SIGNING AN AGREEMENT WITH A NEW VENDOR, YOU MUST CONDUCT A FORMAL ON-SITE REVIEW WITH THE VENDOR.

REVIEW AT LEAST 10% OF THE REST OF YOUR VENDORS AT SOME POINT DURING THE AUTHORIZATION PERIOD.

IF THE STATE WIC OFFICE HAS DESIGNATED ANY OF YOUR VENDORS AS "HIGH RISK" VENDORS, YOU WILL RECEIVE SPECIFIC INSTRUCTIONS ON HOW TO MONITOR THEM.

PURPOSES OF THE ON-SITE VENDOR REVIEW:

1. Price check and review of the Mandatory Minimum of WIC foods
2. Review of WIC voucher redemption procedures
3. Technical assistance to the vendor
4. Reinforcement of WIC's vigilance and interest

FORMAL ON-SITE VENDOR REVIEW

To schedule a formal on-site review, call the vendor to arrange a mutually convenient time. Send the vendor a letter confirming the time of your site visit. Keep a copy of the letter in the vendor's file.

AT THE FORMAL ON-SITE REVIEW:

1. Fill out a price list for the vendor
   a. Check the box that says "Routine Inspection"
   b. Sign and date the price list (you do this, not the vendor)
2. Complete an "ON-SITE REVIEW QUESTIONNAIRE".

Follow the on-site vendor review with a letter to the vendor indicating your findings, and indicating any changes the vendor must make. Keep a copy of the letter in the vendor's file, and send a copy to the State WIC office.

INFORMAL ON-SITE VENDOR REVIEW

You may conduct informal on-site vendor reviews as often as you think they would be helpful. For example:

- After you receive one or more complaints about a vendor
- If you receive a call for technical assistance from the vendor
- After you receive a Quarterly Price Report from a vendor that seems unusual (for example, the prices are very high or very low, or the vendor no longer indicates carrying the Mandatory Minimum)

The informal on-site review differs from the formal on-site review in several ways:

1. You do not need to schedule the visit ahead of time. You do not need to notify the vendor that you will be visiting.
2. You are not required to complete a price list or an On-Site Review Questionnaire. You may if you wish.

Follow any on-site vendor review with a letter to the vendor. Keep a copy of the letter in the vendor's file.

DOCUMENTING ON-SITE VENDOR REVIEWS

Record in detail all of your findings at a vendor review. Indicate any questions or problems the vendor had, and explain your responses.

Keep the record of your findings in the vendor's file.

Local WIC Program: _____
Reviewer's Name (please print): _____
Date of Review: _____

VENDOR ON-SITE REVIEW

Vendor Name: _____

Vendor Address: _____

(Note: Questions marked with an asterisk (*) are for stores only--not home delivery trucks.)

1. FROM OUTSIDE, DO YOU KNOW THAT THIS IS A WIC VENDOR? HOW? (Is there a WIC sign or WIC decal posted somewhere that is readily visible?)

_____

_____

2. CAN YOU EASILY FIND THE "MANDATORY MINIMUM" OF WIC FOODS? (Are all of the foods there? are? Are the foods within the easy reach of an average-sized person?)

_____

_____

3. ARE THE FOODS FRESH AND IN GOOD CONDITION? (Note expiration dates (if indicated) on all of the WIC foods. Are packaged foods intact?

_____

_____

4. HOW ARE THE PRICES MARKED ON THE FOODS? (Are items individually priced? Are the prices marked on the shelves? Are the prices marked at all? Does the store use unit pricing? Are there price lists posted for WIC foods that are different from shelf prices?)

_____

_____

5. HOW DO THE VENDOR'S EMPLOYEES RELATE TO THEIR CUSTOMERS? (Are customers treated courteously? Do vendor personnel seem helpful and concerned?)

_____

_____

6. IS THE STORE OR TRUCK CLEAN? (Is the floor clean? Is there dust on the packaged foods?)

_____

_____

* 7. IS THE STORE WELL-LIT? (Are the items on the shelves easy to see?)

* 8. IS THE STORE WELL ORGANIZED? (Is it laid out logically?)

* 9. ARE THE STORE EMPLOYEES KNOWLEDGEABLE ABOUT WIC? (Are they familiar with WIC procedures? Do they know what the WIC foods are? Is there a list of WIC foods near the cashier(s)?)

* 10. HOW DO WIC PARTICIPANTS REDEEM THEIR VOUCHERS IN THIS STORE? BE VERY SPECIFIC. (If you cannot witness the checkout procedure, ask the manager or cashier to run through the redemption procedure point by point with you.)

* 11. DOES THE STORE PROVIDE CUSTOMERS WITH A VARIETY OF CONSUMER SERVICES? (Does the store have WIC nutrition education materials? Does the store use other nutrition labelling or signs? Does the store provide recipes or food coupons? Does the store provide check cashing services? Will the store take credit? Does the store deliver?)

Reviewer's Signature: _____

VENDOR SANCTIONS

IF YOU DISCOVER ABUSE OF THE WIC PROGRAM BY ANY VENDOR WITH WHICH YOU HAVE SIGNED AN AGREEMENT, YOU MUST CONTACT THE STATE WIC OFFICE. ONLY THE STATE WIC OFFICE MAY APPLY THE WIC VENDOR SANCTION POLICY AND THE WIC VENDOR SANCTION SCHEDULE.

ONLY THE STATE WIC OFFICE MAY DISQUALIFY A VENDOR.

1. If you suspect that a vendor is abusing the WIC Program, you must formally verify your suspicions. You must either:

   - Get three separate complaints by three separate participants of the same abuse by the same vendor; the complaints must be written or dictated by the participant. You must send a copy of the complaint to the State WIC office.

   or

   - Ask the State WIC Office to institute a "compliance buy" with the vendor; a compliance buy that finds abuse by the vendor is sufficient documentation of that abuse

2. You must follow each documented violation of the WIC Program with a telephone call to the vendor and a warning letter to the vendor citing all the abuses. You must send these letters Certified Mail, or you must hand deliver them. Keep a copy of all warning letters and receipts in the vendor's file. (See Part V, Section B.10.b.)

3. The State WIC office will calculate the Sanction Score based on the documented instances of vendor abuse and, if indicated, will assess an appropriate vendor sanction.

4. If the WIC Vendor Sanction Schedule as applied by the State WIC Office indicates that a vendor should be disqualified from the WIC Program but you feel that this course of action is not appropriate, CONTACT THE STATE WIC OFFICE IMMEDIATELY to request a waiver of the sanction. You must be able to document your concerns.

WIC

VENDOR AGREEMENT
ATTACHMENT A

VENDOR SANCTION POLICY

FISCAL YEAR 1986

October 1, 1985 - September 30, 1986

MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FAMILY HEALTH SERVICES

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM
(SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR
WOMEN, INFANTS, AND CHILDREN)

MASSACHUSETTS WIC VENDOR AGREEMENT

Attachment A

VENDOR SANCTION POLICY

1. INTRODUCTION

1.1. Purpose

The purpose of the Massachusetts WIC Vendor Sanction Policy, incorporated by reference in the WIC Vendor Agreement, is to set forth the policies of the State WIC Office used in sanctioning WIC vendors that violate WIC Program requirements. The Sanction Policy defines abuse and specifies the appropriate actions for WIC Program personnel to take against Vendors who abuse the Program.

1.2. Contents

The Vendor Sanction Policy consists of:

a. an introduction,

b. definitions of types of vendor abuse and the sanction score for each type,

c. an explanation of the ways vendor abuse can be verified,

d. an explanation of how a vendor's total sanction score is calculated,

e. a list of the types of sanctions which can be applied against abusive vendors, and

f. the policy on possible waivers of sanctions.

2. TYPES OF VENDOR ABUSE AND SANCTION SCORES

A Vendor may abuse the WIC Program by violating the rules, regulations, policies and procedures governing the Massachusetts WIC Program, including, but not limited to, Federal regulations and the Massachusetts WIC Vendor Agreement.

Abuse of the WIC Program includes both (1) a Vendor's actions that are intentionally abusive, and (2) a Vendor's actions that are unintentionally abusive and are caused by lack of information, error, or oversight.

There are six main categories of vendor abuse, which correspond to the provisions of the Vendor Agreement: food provision abuse, voucher acceptance abuse, voucher pricing abuse, vendor authorization abuse, redemption abuse, and administrative abuse. Each category is explained below, followed by a list of types of abuse within that category and the sanction score for each type.

Each type of abuse carries a score based on the relative impact of the abuse on WIC participants and on the integrity of the WIC Program. Scores range from zero (0) for less serious abuses such as failing to endorse a WIC voucher, to ten (10) for very serious abuses such as pricing WIC vouchers by type rather than by the actual price of the items purchased.

2.1 Food Provision Abuse

Food provision abuse of the WIC Program may occur if a Vendor fails to provide a WIC participant or authorized representative with the WIC foods specified on the WIC voucher as selected by the WIC participant or authorized representative. Food provision abuse includes:

	Sanction Score
a. Providing the WIC foods other than at the site of the Vendor	3
b. Providing other than the types and amounts of the WIC foods specified on the front and back of the WIC voucher:	
(i). Substituting one WIC food for another (e.g., evaporated milk for formula)	2
(ii). Refusing to allow up to the full amount of WIC food as stated on the face of the WIC voucher	5
c. Limiting choices of WIC foods (e.g., only store-brand orange juice or only milk in quart containers)	2
d. Demanding purchase of up to the full amount of WIC foods authorized on the face of the WIC voucher	2

	Sanction Score
e. Accepting a WIC voucher for unauthorized food or merchandise:	
(i). Substituting non-eligible food for WIC food of the same type (e.g., sugared cereal for WIC cereal)	3
(ii). Substituting non-WIC food (other than alcoholic beverages) for WIC food (e.g., bologna for cheese)	5
(iii). Substituting non-food items (other than cigarettes) for WIC food (e.g., soap for milk)	6
(iv). Substituting cigarettes or alcoholic beverages for WIC food	10
f. Providing cash or credit, in whole or in part, for a WIC voucher	10
g. Failing to insure that WIC foods are fresh and are sold before the expiration date for those foods	3
h. Failing to insure an adequate supply of all of the Mandatory Minimum of WIC foods so that they may be purchased at all times the Vendor is open for business	4
i. If the Vendor is a pharmacy, failing to insure that WIC participants can receive within 48-72 hours any authorized infant formula not usually stocked by the pharmacy	4
j. Providing rainchecks or other similar receipts for unavailable WIC foods	3

2.2 Voucher Acceptance Abuse

Voucher acceptance abuse of the WIC Program may occur if a Vendor fails to accept a WIC voucher from a WIC participant or authorized representative according to Massachusetts WIC Program guidelines. Voucher acceptance abuse includes:

	Sanction Score
a. Accepting a WIC voucher from anyone other than a WIC participant or authorized representative	6

	Sanction Score
b. Accepting a WIC voucher before the date of issue printed on the voucher	1
c. Accepting a WIC voucher beyond thirty (30) days after the date of issue printed on the voucher	3
d. Accepting a WIC voucher that has not been stamped with the "Mass. WIC" stamp	0
e. Accepting a WIC voucher that has not been presigned once by the WIC participant or authorized representative	5
f. Accepting a WIC voucher that has already been signed and countersigned	3
g. Failing to insure that the signature and countersignature on the WIC voucher match	2
h. Demanding identification or a telephone number from a WIC participant or authorized representative	1
i. Accepting a WIC voucher on which the name, date or food message has been altered in any way	4
j. Accepting a WIC voucher in payment for credit or charge accounts	8

2.3 Voucher Pricing Abuse

Voucher pricing abuse of the WIC Program may occur when a Vendor fails to indicate properly the price of the WIC foods purchased with a WIC voucher. Voucher pricing abuse may also occur if the Vendor allows cash to enter into the WIC transaction. Voucher pricing abuse includes:

	Sanction Score
a. Writing in the space provided a price higher than the actual shelf price of those items purchased with the WIC voucher:	
(i). Charging the WIC Program for more than the actual cash value of the items purchased	10
(ii). Pricing WIC vouchers by type, not by the actual cash value of the items purchased	10
b. Writing the price on the WIC voucher in pencil	0
c. Adding a service charge to the price of the voucher	8

	Sanction Score
d. Failing to fill in the voucher price in the presence of the WIC participant or authorized representative	5
e. Having the WIC participant or authorized representative countersign the voucher before the Vendor personnel fills in the voucher price	4
f. Charging the WIC participant or authorized representative for foods purchased with the voucher	8
g. Charging the WIC participant or authorized representative for service charges on the voucher	5
h. Charging the WIC participant or authorized representative for bank charges incurred on a non-reimbursable or rejected WIC voucher	5
i. Seeking restitution from the WIC participant or authorized representative for vouchers not paid by the Massachusetts WIC Program	5
j. Accepting the return of items purchased with WIC vouchers for cash or credit towards other purchases	3

2.4 Vendor Authorization Abuse

Vendor authorization abuse of the WIC Program may occur if the Vendor fails to use properly the WIC Vendor Authorization Stamp on a WIC voucher. Vendor authorization abuse includes:

	Sanction Score
a. Using other than the specific WIC Vendor Authorization Stamp issued by the Local WIC Program	10
b. Failing to stamp each WIC voucher in the appropriate space on the front of each WIC voucher submitted for payment	0
c. Using the WIC Vendor Authorization Stamp on vouchers not used on site at the Vendor's place of business by WIC participants or authorized representatives for authorized WIC foods	10
d. Stamping a WIC voucher with the WIC Vendor Authorization Stamp before accepting the voucher in exchange for the items purchased	2
e. Stamping a WIC voucher with the Vendor Authorization Stamp before the person making the purchase with the voucher has countersigned it	2

	Sanction Score
f. Failing to stamp each WIC voucher with the WIC Vendor Authorization Stamp prior to processing it through the Vendor's bank of deposit for payment	0
g. Failing to insure that the WIC Vendor Authorization Stamp imprint is legible	0
h. Failing to take appropriate measures to safeguard the WIC Vendor Authorization Stamp from misuse or from use by unauthorized personnel	5

2.5 Redemption Abuse

Redemption abuse of the WIC Program may occur if the Vendor improperly submits WIC vouchers for payment. Redemption abuse includes:

	Sanction Score
a. Failing to endorse a WIC voucher submitted for payment on the back of the voucher either by signature or with the endorsement stamp used for deposits at the Vendor's bank of deposit	0
b. Submitting for payment at the Vendor's bank of deposit any altered WIC voucher:	
(i). Submitting for payment any WIC voucher on which the price has been altered	10
(ii). Submitting for payment any WIC voucher on which other information has been altered	2
c. Submitting a WIC voucher for payment other than at the Vendor's bank of deposit or the State WIC Office	3
d. Submitting a WIC voucher for payment to the Vendor's bank of deposit after sixty (60) days from the issue date printed on the face of the voucher	0

2.6 Administrative Abuse

Administrative abuse of the WIC Program may occur if the Vendor fails to comply with administrative requirements of the WIC Program. Administrative abuse of the WIC Program includes:

	Sanction Score
a. Failure to treat WIC participants or their authorized representatives with courtesy	2
b. Demanding that WIC participants or their authorized representatives use a separate checkout line	2

		Sanction Score
c.	Failing to keep all information on WIC participants or their authorized representatives confidential	3
d.	Discriminating against WIC participants or their authorized representatives on the basis of race, color, national origin, creed, political beliefs, age, sex, or handicap	3
e.	Failing to submit to the Local WIC Program actual retail prices of the authorized WIC foods on a quarterly basis, on time as specified in the agreement	4
f.	Failing to comply with all Federal, State and Local laws and regulations pertaining to the disclosure of prices for any items offered for sale; for vendors located in Massachusetts, this includes but is not limited to 940 CMR 3.13(1)(a) which states: "It is an unfair and deceptive act or practice for any person subject to this act to fail to affix to any goods offered for sale to the public the price at which the goods are to be sold"	7
g.	Failing to report to the Local WIC Program any irregularities in the use of WIC vouchers by WIC participants or their authorized representatives	1
h.	Failing to cooperate with Federal, State, or Local WIC Program personnel during on-site Vendor reviews and audits; these may include reviews of all actual WIC vouchers at the site of the Vendor	10
i.	Failing to provide the WIC Program with purchase invoices from wholesalers or with other invoices or records, including shelf price records, when requested	10
j.	If the Vendor provides home delivery of WIC foods, failing to maintain records of delivery of such foods and payments received for three years	5
k.	Failing to maintain a current registration certificate issued by the local board of health in a location visible to Local WIC Program personnel, if the Vendor is a retail food outlet	5
l.	Failing to comply with the nondiscrimination provisions of U.S. Department of Agriculture regulations (7 CFR Parts 15, 15a and 15b)	3
m.	Knowingly accepting stolen WIC vouchers	10
n.	Participating in an activity which may be of questionable business integrity (such as indictment for crimes involving trafficking of drugs, or the passing of stolen goods)	10

	Sanction Score
o. Being disqualified, or paying a fine in lieu of disqualification, from any other USDA Food and Nutrition Service program (such as Food Stamps)	10
p. Providing false information on the WIC Vendor application about the Vendor's operations	6
q. Providing false information on the WIC Vendor application about the Vendor's history of compliance with WIC Program or Food Stamp Program regulations	8
r. Providing false information on the WIC Vendor application about the availability and prices of the Mandatory Minimum of WIC foods	8

3. VERIFICATION OF VENDOR ABUSE

Prior to applying a sanction for Vendor abuse against the WIC Program, the Local WIC Program or the State WIC Office must verify the existence of the abuse. Verification methods include participant complaints, on-site reviews, compliance purchases, visual inspection of redeemed WIC vouchers, analysis of redeemed WIC vouchers, and review of data from legal or other sources.

3.1 Participant Complaints

To verify Vendor abuse through participant complaints, three separate WIC participants must complain of the same abuse by the same Vendor, for one instance of documented abuse.

The WIC participant or authorized representative must write or dictate the complaint. The language used in the complaint must be the actual words of the WIC participant or authorized representative. A summation or notation by a WIC staff member is not sufficient documentation, but may be attached for clarification.

The WIC participant or authorized representative may choose to leave the complaint unsigned. The Local WIC Program director or designated staff member must sign the complaint, and indicate the time and date of receipt in order to attest to the fact that a current WIC participant or authorized representative made the complaint freely and in good faith.

A Local WIC Program may send a warning letter to a Vendor based on one or more participant complaints.

After receiving one or more participant complaints, a Local WIC Program may also choose to initiate further actions, such as an on-site review or a request to the State WIC Office for a compliance purchase or other monitoring.

3.2 On-Site Reviews

An on-site review is a monitoring visit made by local or state WIC staff to the Vendor's premises. It may include review of physical evidence (such as Mandatory Minimum foods or vouchers) and observation of WIC procedures. It may be scheduled or unannounced, and must be documented by a written, signed report of the reviewer's findings. If abuse is found, this constitutes documented abuse of the WIC Program.

3.3 Compliance Purchases

A compliance purchase involves a person who is not a WIC participant posing as a WIC participant or authorized representative, and making a purchase with WIC vouchers.

A compliance "buyer" may be a State WIC staff member, an authorized investigator from the U.S. Department of Agriculture, or an independent investigator hired by the State WIC Office. The compliance "buyer" receives instructions from the State WIC Office on the protocol for the compliance purchase.

The compliance "buyer" records the compliance purchase on an investigation report. One single documented compliance purchase is adequate documentation of vendor abuse.

3.4 Visual Inspection of Redeemed WIC Vouchers

The Massachusetts WIC Program visually reviews redeemed WIC vouchers every day at the central WIC bank. Abuses that the inspection may identify include:

- Accepting a WIC voucher that has not been validated with the "Mass. WIC" program stamp
- Accepting a WIC voucher on which the name, date or food message has been altered
- Accepting a WIC voucher on which the signature and counter-signature do not match
- Writing the price on the WIC voucher in pencil
- Failing to stamp each WIC voucher with the WIC Vendor Authorization Stamp prior to processing it through the Vendor's bank of deposit for payment
- Failing to insure that the WIC Vendor Authorization Stamp imprint is legible
- Using other than the specific WIC Vendor Authorization Stamp issued by the Local WIC Program
- Failing to endorse a WIC voucher submitted for payment on the back of the voucher either by signature or with the endorsement stamp used for deposit at the Vendor's bank of deposit
- Submitting for payment any voucher with an excessive price
- Submitting for payment any WIC voucher on which the price has been altered
- Submitting a WIC voucher for payment to the Vendor's bank of deposit after sixty (60) days from the issue date printed on the face of the voucher

3.5 Analysis of Redeemed WIC Vouchers

At intervals throughout the year, the Massachusetts WIC Program reviews and analyzes redeemed WIC vouchers. Using both computerized and manual statistical analysis techniques, the WIC Program analyzes the vouchers to identify those Vendors that exhibit abusive patterns of pricing and redemption.

3.6 Review of Data from Legal and Other Sources

The Massachusetts WIC Program shares information about Vendor activity with the Food and Nutrition Service of the United States Department of Agriculture on Vendors' violations of Food Stamp and WIC Program regulations. In addition, the Massachusetts WIC Program cooperates with the Massachusetts Office of the Inspector General, the Attorney General's office, and other law enforcement agencies to monitor Vendors' business activities.

Written documentation from another Federal, State, or Local agency or from any other relevant agency about a Vendor's abusive activity is adequate documentation that abuse is occurring.

Information which documents that a Vendor's application was inaccurate is also evidence of abuse.

4. CALCULATION OF A VENDOR'S TOTAL SANCTION SCORE

A Vendor's total Sanction Score is a composite rating of the Vendor's abusive activity.

4.1 Sanction Scores for Multiple Abuses

If a Vendor exhibits more than one documented type of abuse of the WIC Program, the Vendor's total Sanction Score is the sum of the Sanction Scores for each individual abuse.

For example:

> A Vendor requires WIC participants to go to the store's courtesy booth prior to making purchases. At the courtesy booth, the participants countersign their vouchers, and have them stamped with the Vendor Authorization Stamp. The Vendor then returns the vouchers to the WIC participants for presentation to the cashier at the time of purchase.
>
> When the WIC Program properly documents these abuses, the Vendor receives a total Sanction Score of six (6): four (4) for the voucher pricing abuse of "having the WIC participant or authorized representative countersign the voucher before the Vendor personnel fills in the voucher price"; and two (2) for the Vendor authorization abuse of "stamping a WIC voucher with the WIC Vendor Authorization Stamp before accepting the voucher in exchange for the items purchased."
>
> If documentation also verifies that WIC participants are able to purchase cigarettes and non-food items with WIC vouchers, this Vendor's Sanction Score climbs to a total of 22: six (6) for the voucher pricing and Vendor authorization abuses, six (6) more for the food provision abuse of "substituting non-food items (other than cigarettes) for WIC food", and ten (10) more for the food provision abuse of "substituting cigarettes or alcoholic beverages for WIC food."

4.2 Sanction Scores for Abuses Throughout an Authorization Period

The Massachusetts WIC Program also calculates a Vendor's total cumulative Sanction Score for accumulated instances of abuse documented at different times during a Vendor's authorization period (the duration of the agreement).

4.3 Duration of Sanction Scores

A sanction score applied during one authorization period shall remain in effect through the next consecutive authorization period.

5. TYPES OF SANCTIONS

The type of sanction for an abusive Vendor is related to the Sanction Score accumulated by that Vendor. The main types of sanctions are (1) rejecting redeemed WIC vouchers, (2) warning letters, (3) Sanction Scores, (4) determination as a High Risk Vendor, (5) disqualification, (6) monetary claims, and (7) judicial actions.

5.1 Rejecting Redeemed WIC Vouchers

The Massachusetts WIC Program may reject and return to the Vendor redeemed WIC vouchers that exhibit abuses with Sanction Scores of zero (0) (e.g., accepting WIC vouchers not validated with the "Mass. WIC" program stamp).

The Massachusetts WIC Program will not be liable for any bank fees that the Vendor may incur for vouchers rejected and returned from the bank.

5.2 Warning Letters to the Vendor

The Local WIC Program or Massachusetts WIC Program may send a formal written warning to the Vendor whenever it appears or is documented that the Vendor is abusing the WIC Program. A warning letter will not include notification of a Sanction Score but may be followed by such a notification from the Massachusetts WIC Program. Warning letters will be hand-delivered or sent via certified mail.

5.3 Notification of Sanction Scores

The Massachusetts WIC Program will send the Vendor a formal notification of any documented abuse(s) of the WIC Program for which a Sanction Score has been assigned to the Vendor. Such notifications will be hand-delivered or sent via certified mail. A Sanction Score may be assigned without a prior warning letter.

5.4 Designation as a High Risk Vendor

The Massachusetts WIC Program may designate as a "High Risk Vendor" any Vendor whose history of compliance with the WIC Program indicates that the Vendor may commit further abusive activity. For example, if the WIC Program waives the disqualification of a Vendor (see below), that Vendor may become a High Risk Vendor.

The Massachusetts WIC Program may also use an analysis of redeemed WIC vouchers (see above) to determine whether to designate a Vendor as a High Risk Vendor.

The WIC Program will carefully monitor a High Risk Vendor's continued participation in the WIC Program.

At the discretion of the State WIC Office, the WIC Program may require the High Risk Vendor to submit WIC vouchers directly to the State WIC Office for redemption, rather than to the Vendor's usual bank of deposit. The WIC Program will then reimburse the Vendor for those vouchers properly submitted and priced.

5.5 Disqualification or Denial of Application

The Massachusetts WIC Program may disqualify a Vendor from the WIC Program or deny a Vendor's application if that Vendor reaches a Sanction Score of ten (10) points. These ten points may come from one single serious abuse or from a cumulative combination of several less serious abuses, or they may come from several abuses occurring at different times, accumulated over two consecutive Vendor authorization periods. Denials will be considered based on the Sanction Score which would be in effect on the first day of the fiscal year for which an agreement has been requested.

The Massachusetts WIC Program may also disqualify or deny the application of a Vendor committing any abuse carrying a Sanction Score of one (1) or more if, prior to the latest documented instance of the abuse, the Vendor had already received more than one formal written warning or notification of a Sanction Score for that particular abuse. Disqualification or denial under those circumstances may occur even if the Vendor's cumulative Sanction Score is less than ten (10).

The Massachusetts WIC Program will determine the duration of a disqualification based on an analysis of the following factors:

a. The seriousness of the abuses committed;

b. The potential impact of the disqualification upon WIC participants;

c. The Vendor's prior history of compliance with WIC Program and other USDA program regulations;

d. Whether the abusive activity is the consequence of the Vendor's policy or the result of an individual employee acting in bad faith contrary to the policy of the Vendor;

e. The Vendor's willingness to take successful corrective action.

Furthermore, in cases of voucher pricing abuse, the Massachusetts WIC Program will consider the following four additional factors:

a. An estimate of the total value of all of the Vendor's WIC vouchers redeemed in an abusive manner;

b. An estimate of the percentage of all of the Vendor's redeemed WIC vouchers that have been redeemed in an abusive manner;

c. Estimated or known overcharges;

d. An estimate of the Vendor's maximum rate of overcharge (the amount of overcharge as a percent of estimated price).

The Massachusetts WIC Program will support the determination of the disqualification with appropriate documentation of the abusive activity, and will include an explicit written rationale for the decision.

A one year disqualification will mean that the Vendor will no longer be able to accept WIC vouchers during the current authorization period and may not participate in the subsequent year's authorization process.

A two year disqualification will mean that the Vendor will no longer be able to accept WIC vouchers during the current authorization period and may not participate in two subsequent years' authorization processes.

A three year disqualification will mean that the Vendor will no longer be able to accept WIC vouchers during the current authorization period and may not participate in three subsequent years' authorization processes.

The maximum duration of any disqualification will be three years from the end of the year in which disqualification occurs, except in the case of a Vendor previously disqualified, in which case it may be permanent. Whenever the Massachusetts WIC Program intends to disqualify a Vendor, it will provide 15 days prior written notice, which shall include the reason(s) for the disqualification and a notification of the Vendor's right to appeal.

5.6 Monetary Claims

The Massachusetts WIC Program may make monetary claims against Vendors that have committed certain types of redemption abuse.

The WIC Program will not sign a WIC Vendor Agreement with any Vendor against which the program has an outstanding monetary claim.

5.7 Judicial Actions

If appropriate, the Commonwealth of Massachusetts, acting for the State WIC Office, may take legal action against abusive Vendors in cooperation with Federal, State, and Local authorities.

6. SANCTION WAIVER

At the discretion of the State WIC Office in consultation with the Local WIC Program, the State WIC Office may choose to waive any sanction against a Vendor if the sanction would cause extreme hardship to WIC participants.

VENDOR APPEALS OF WIC DECISIONS

A VENDOR HAS THE RIGHT TO APPEAL A DECISION THAT AFFECTS THE VENDOR'S PARTICIPATION IN THE WIC PROGRAM

A vendor has the right to appeal:

1. Denial of an application to participate in the WIC Program if the vendor has never previously participated in the WIC Program

2. Denial of an application to participate in the WIC Program if the vendor participated in the WIC Program the previous year

3. Disqualification from participation in the WIC Program

4. Any other "adverse action" which affects the vendor's participation in the WIC Program

VENDORS' REQUESTS FOR HEARINGS

A VENDOR MUST REQUEST AN APPEAL IN WRITING FROM THE STATE WIC OFFICE.

THE STATE WIC OFFICE MUST RECEIVE THIS REQUEST WITHIN THIRTY DAYS FROM THE DATE OF THE DECISION THAT THE VENDOR IS APPEALING.

There is no standard form for a vendor to use in requesting a hearing.

Vendors must address their requests for appeals to:

Ms. Jerilyn Ford, Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, Massachusetts 02111

VENDOR PARTICIPATION PENDING A HEARING

THERE IS A MANDATORY 15-DAY ADVANCE NOTIFICATION PERIOD BEFORE ADVERSE ACTION MAY BE TAKEN AGAINST A VENDOR. IF A VENDOR APPEALS A DECISION THAT AFFECTS THE VENDOR'S WIC PARTICIPATION DURING THE PERIOD OF THE VENDOR'S WIC AUTHORIZATION, THE VENDOR MAY NOT NORMALLY CONTINUE TO ACCEPT AND BE REIMBURSED FOR WIC VOUCHERS PENDING THE HEARING DECISION.

IF A VENDOR THAT IS NOT A CURRENTLY AUTHORIZED WIC VENDOR APPEALS A WIC DECISION, THAT VENDOR MAY NOT ACCEPT AND BE REIMBURSED FOR VOUCHERS WHILE AWAITING THE HEARING DECISION.

After the 15-day advance notification period, the State Agency may take adverse action against a vendor, such as disqualification, effective immediately. The State Agency may however, decide to postpone adverse action until a hearing decision is rendered, considering inconvenience to participants and other relevant criteria. In such a case, pending a hearing decision, the State WIC Office may require that the vendor deposit vouchers directly to the WIC Program for reimbursement rather than depositing the vouchers at the bank.

If a non-authorized vendor registers an appeal against the WIC Program, that vendor may not accept and be reimbursed for WIC vouchers.

VENDORS' HEARING PROCEDURES

THE VENDOR HEARING IS CONDUCTED BY AN IMPARTIAL HEARING OFFICER APPOINTED BY THE DEPARTMENT OF PUBLIC HEALTH.

A VENDOR MAY APPEAL THE HEARING DECISION IN A JUDICIAL COURT OF LAW.

The Department of Pubic Health appoints an independent hearing officer and conducts the vendor hearings. Hearing officers are not members of the WIC Program staff, and are chosen because of their ability to be impartial about the vendor's appeal.

PREPARING FOR THE HEARING:

- The hearing takes place within thirty days from the day the State WIC Office receives the written hearing request. The State WIC Office sends by Certified Mail an announcement of the hearing's date, time, and place to the vendor and the local WIC program.
- A hearing will be scheduled once and rescheduled one time only, at the vendor's request.
- Vendors are entitled to bring lawyers, spokespersons, or other representatives. Both the vendor and the local WIC program may bring witnesses to the hearing.
- You should bring the complete files on the vendor to the hearing to serve as evidence.

CONDUCTING THE HEARING:

- The hearing is informal, although it may be tape-recorded.
- The hearing officer opens the hearing by administering an oath to all those who will testify.
- Each side is then invited to present its case, and to present evidence to document its position.
- The vendor's files may be examined by the vendor and by the hearing officer, if necessary.
- Once both sides have presented their positions, the hearing officer closes the procedure.

THE HEARING DECISION

-- The hearing officer has sixty days from the date of the initial hearing request to write the decision and to mail it by Certified Mail to the local WIC program and to the vendor.

-- The hearing officer's decision is final.

-- The vendor may appeal the hearing decision in a judicial court of law.

STATE PLAN

Section 3: State Agency Operations

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9/18/85

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USDA EXPECTATIONS FOR STATE OPERATIONS

Section 246.3 of the Federal regulations describes what is required of the State WIC Office in administering the WIC Program. The State WIC Office has overall responsibility for the "effective and efficient administration of program operations within its jurisdiction. . ." [Section 246.3 (b)].

The State WIC Office must provide guidance to the local agencies which provide WIC services on all aspects of program operations. The State WIC Office must therefore ensure that the local WIC programs conform to Federal administrative guidelines and instructions.

The State WIC Office must make available sufficient staff for administering the WIC Program in order to provide, at a minimum, nutrition education, certification, monitoring, fiscal reporting, food delivery and training.

The Federal regulations set forth guidelines that describe the state staff/participant ratio appropriate for efficient program operation. Furthermore, the Regulations describe the types of positions appropriate for state administration. There are specific minimum qualifications described for the State WIC Nutrition Coordinator. The regulations encourage the hiring of minority staff, and specify that the State WIC Office must enforce hiring practices which comply with the non-discrimination criteria outlined in Section 246.8(a) of the regulations.

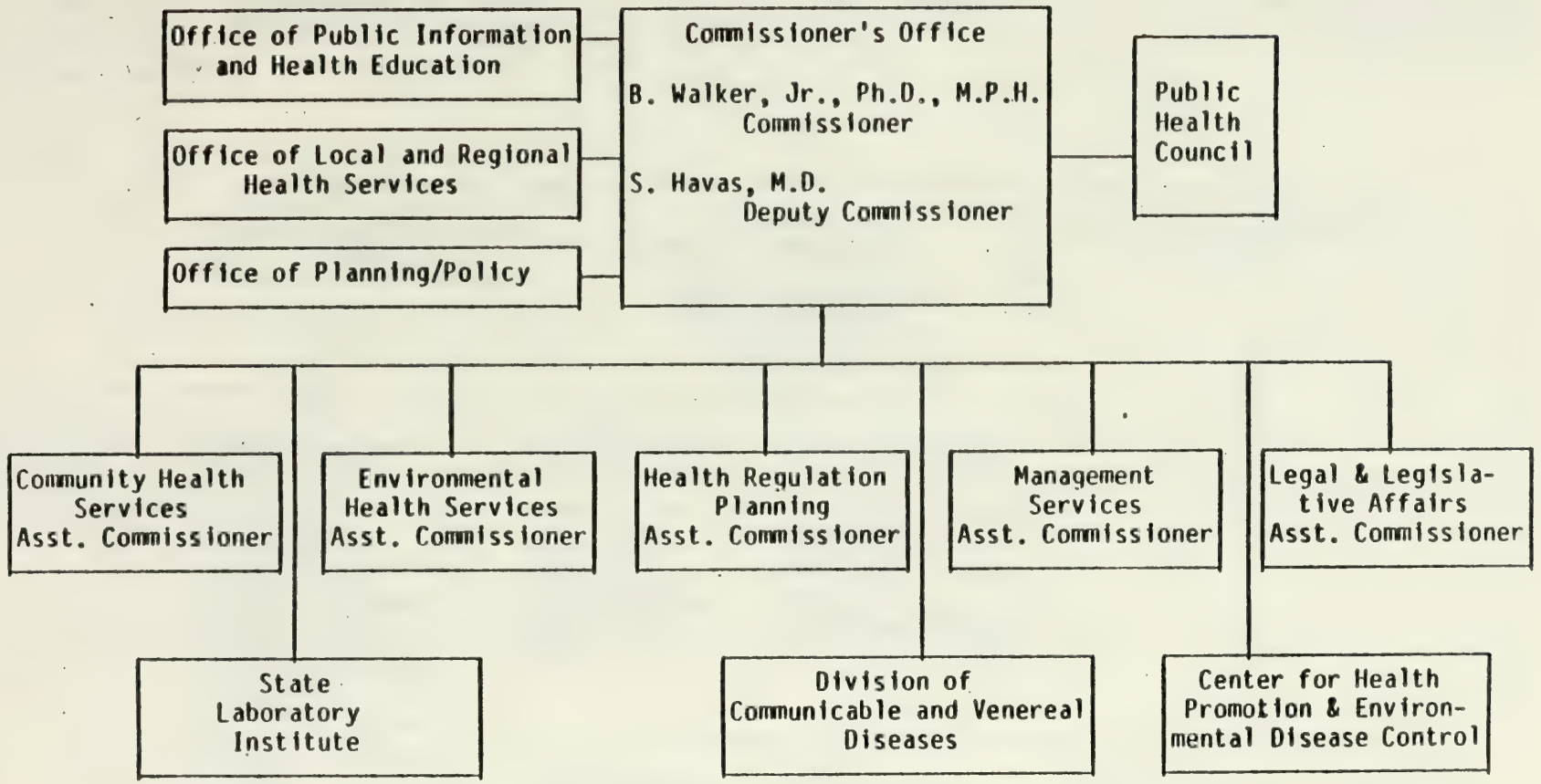
Regulations also require that the State WIC Office submit to FNS an annual State Plan of Operations. This plan must contain: a section which outlines the State's goals and objectives for the coming fiscal year, a local WIC program procedures manual, and a section describing the State's operations.

Finally, the State WIC Office must hold public hearings once a year throughout the State. These hearings must be made accessible to the public and must be publicized in advance.

THE MASSACHUSETTS WIC PROGRAM IN THE DEPARTMENT OF PUBLIC HEALTH

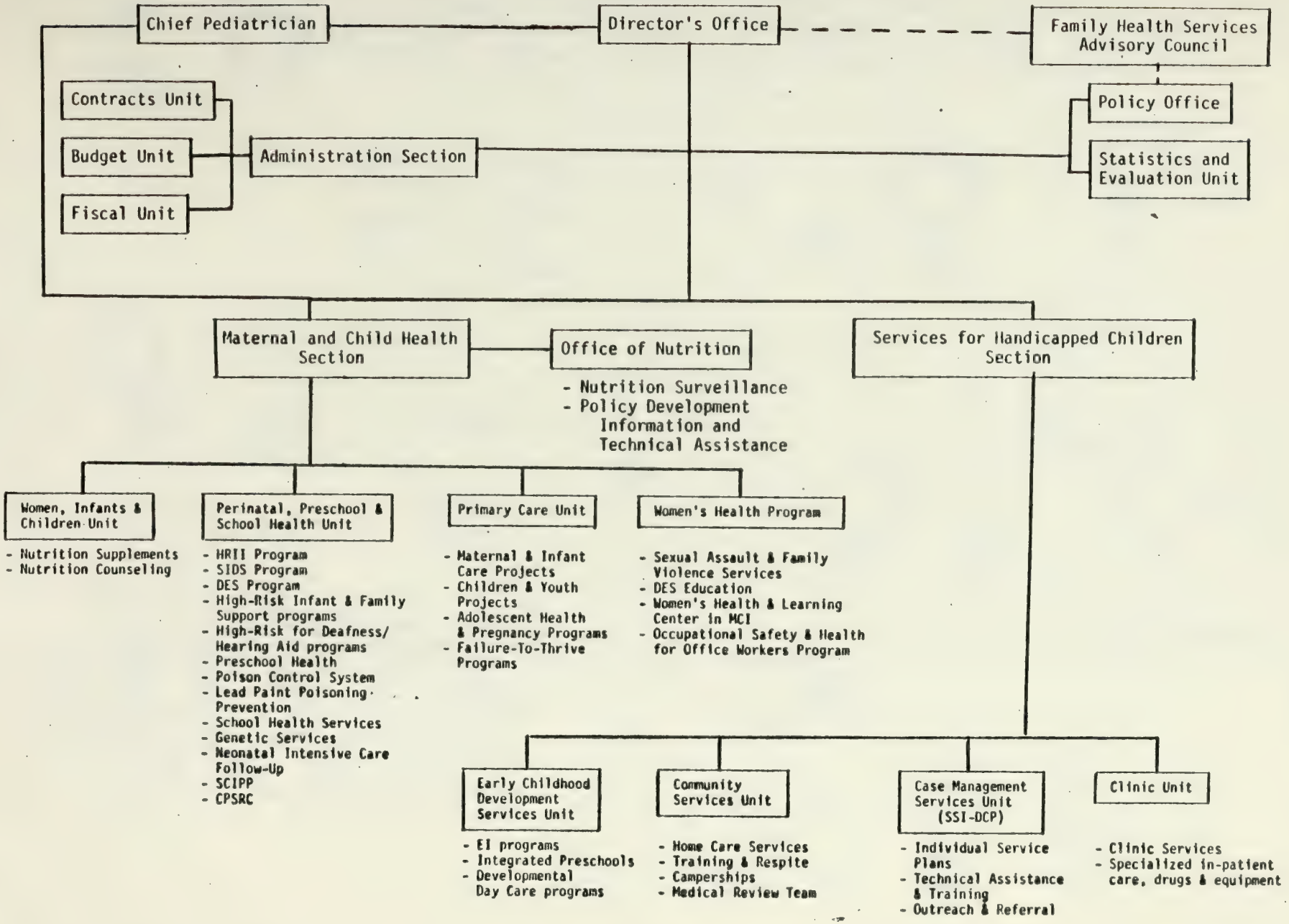
The following three charts give a graphic description of the Massachusetts WIC Program within the Department of Public Health, and the staffing of the State WIC Office.

MANAGEMENT LEVEL ORGANIZATION CHART
DEPARTMENT OF PUBLIC HEALTH

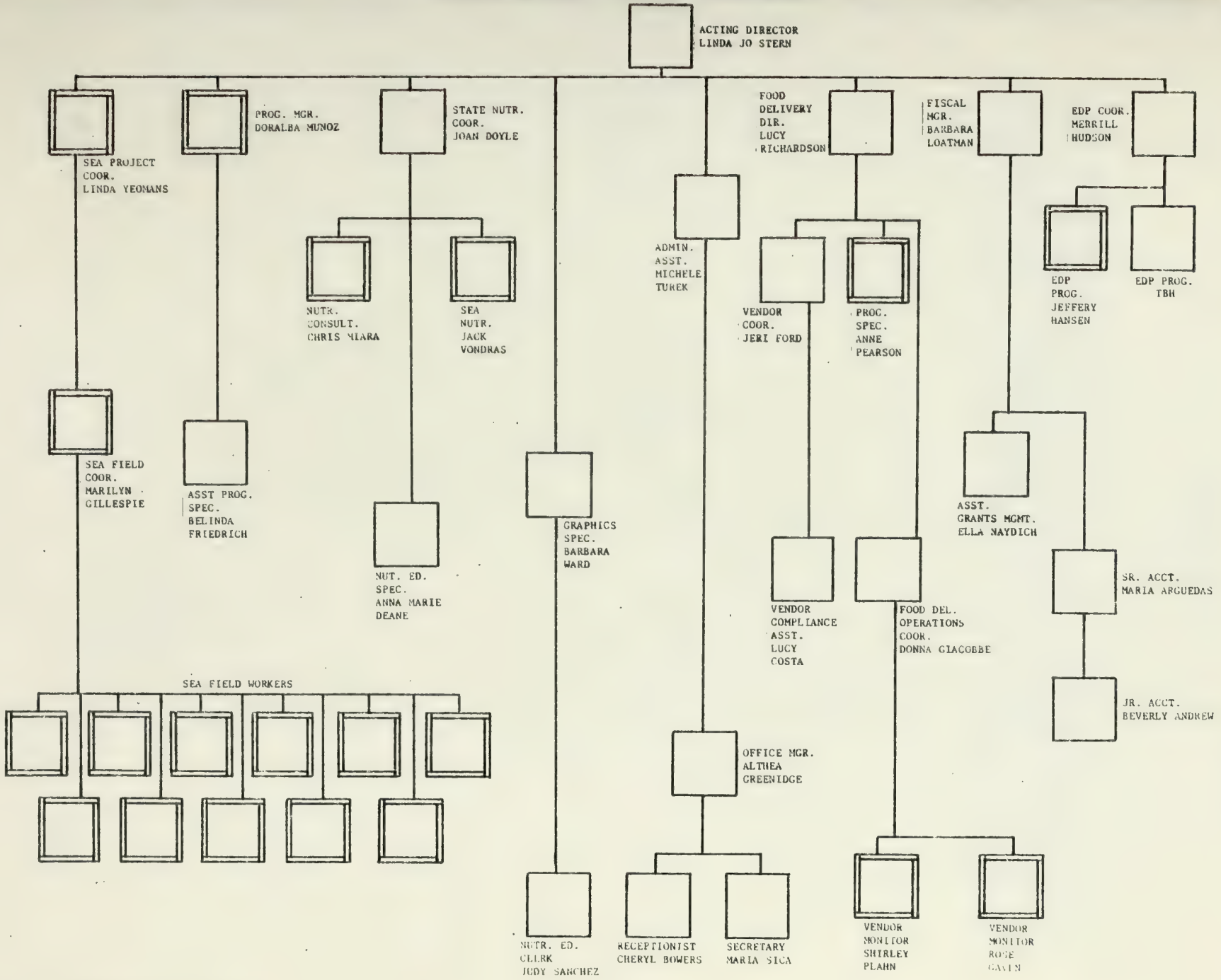

Office of Public Information and Health Education
Office of Local and Regional Health Services
Office of Planning/Policy
Commissioner's Office
B. Walker, Jr., Ph.D., M.P.H.
Commissioner
S. Havas, M.D.
Deputy Commissioner
Public Health Council
Community Health Services Asst. Commissioner
Environmental Health Services Asst. Commissioner
Health Regulation Planning Asst. Commissioner
Management Services Asst. Commissioner
Legal & Legislative Affairs Asst. Commissioner
State Laboratory Institute
Division of Communicable and Venereal Diseases
Center for Health Promotion & Environmental Disease Control

4/13/84

DIVISION OF FAMILY HEALTH SERVICES ORGANIZATIONAL CHART


Chief Pediatrician
Director's Office
Family Health Services Advisory Council
Contracts Unit
Budget Unit
Fiscal Unit
Administration Section
Policy Office
Statistics and Evaluation Unit
Maternal and Child Health Section
Office of Nutrition
- Nutrition Surveillance
- Policy Development Information and Technical Assistance
Services for Handicapped Children Section
Women, Infants & Children Unit
- Nutrition Supplements
- Nutrition Counseling
Perinatal, Preschool & School Health Unit
- HRII Program
- SIDS Program
- DES Program
- High-Risk Infant & Family Support programs
- High-Risk for Deafness/ Hearing Aid programs
- Preschool Health
- Poison Control System
- Lead Paint Poisoning Prevention
- School Health Services
- Genetic Services
- Neonatal Intensive Care Follow-Up
- SCIPP
- CPSRC
Primary Care Unit
- Maternal & Infant Care Projects
- Children & Youth Projects
- Adolescent Health & Pregnancy Programs
- Failure-To-Thrive Programs
Women's Health Program
- Sexual Assault & Family Violence Services
- DES Education
- Women's Health & Learning Center in MCI
- Occupational Safety & Health for Office Workers Program
Early Childhood Development Services Unit
- EI programs
- Integrated Preschools
- Developmental Day Care programs
Community Services Unit
- Home Care Services
- Training & Respite
- Camperships
- Medical Review Team
Case Management Services Unit (SSI-DCP)
- Individual Service Plans
- Technical Assistance & Training
- Outreach & Referral
Clinic Unit
- Clinic Services
- Specialized in-patient care, drugs & equipment

MASSACHUSETTS WIC PROGRAM



WIC a/o 7/1/85

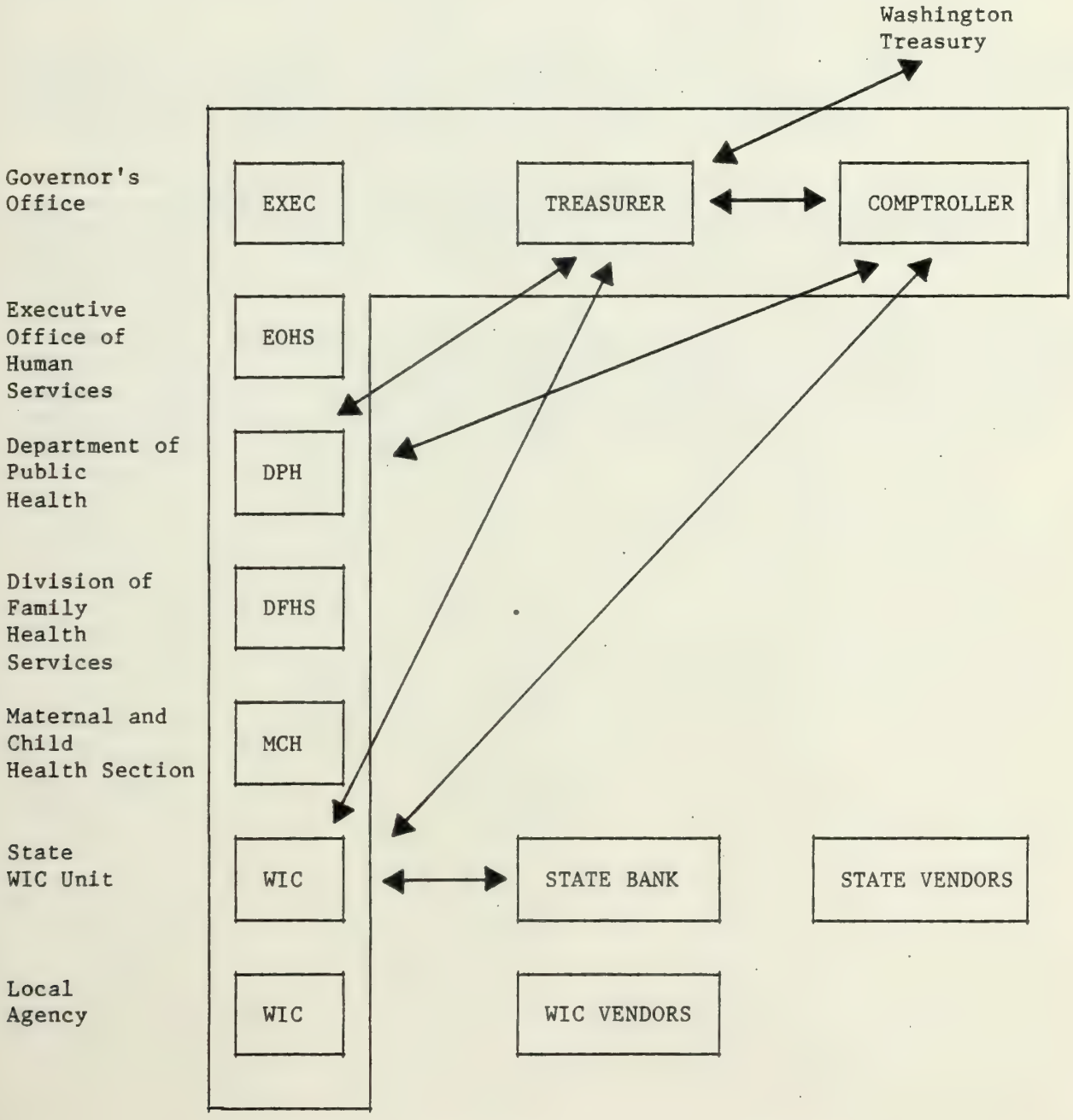
PART II: THE MA WIC PROGRAM IN THE DEPARTMENT OF PUBLIC HEALTH
SECTION: C
DATE: 7/85

FISCAL

The Governor's Office delegates control of money coming into the state to the Treasurer and the Comptroller. The provision of WIC services starts with the Executive Office of Human Services (EOHS). Within EOHS, the Department of Public Health (DPH) provides services to mothers and children through the Division of Family Health Services (DFHS). DFHS is responsible for administering the WIC grant.

ADMINISTRATIVE COMPONENTS

The following graphic depicts the administrative components of the Massachusetts WIC Program fiscal system.



ADMINISTRATIVE FISCAL CONTROLS WITHIN THE WIC PROGRAM

The Department of Public Health has a Grants Management Unit which is divided into Federal and State sections. The Federal section oversees the flow of all Federal dollars into the Department. This unit oversees all the drawdown and reconciliation data, disburses checks to local agencies and State vendors, oversees payroll and personnel costs, and maintains a complete set of records for all these transactions.

The Division of Family Health Services within the Department of Public Health has a Contract Unit which implements regulation of contractual procedures with all local providers. This unit supervises the design and implementation of contracts and analyzes invoices and reports from local agencies.

The State WIC Office has a Fiscal Management unit which implements the procedures for the total WIC fiscal system. The role of the Fiscal Management unit in the State WIC Office is to coordinate the Federal system, the State Treasurer and Comptroller, designated State administrative units, disbursing banks, and local providers.

The Fiscal Management unit is responsible for maintaining the accountability of the entire fiscal system. This system of accountability controls how the WIC Program receives money from USDA, how money is disbursed for State and local administrative costs, how money is disbursed for WIC food costs, and how all these transactions are recorded.

DRAW-DOWN PROCEDURES

After the USDA has authorized a formal Letter of Credit, WIC Program funds are drawn and disbursed in the following way:

STEP ONE: The State WIC Office completes Form 5805a, "Request for Payment" and sends the form to the Massachusetts State Treasury. The Treasury submits the request through its bank of receipt for a wire transfer of funds from the Washington treasury for the amount requested.

STEP TWO: The State Treasurer's Office notifies the State WIC Office that the money requested has arrived, and gives the Fiscal Management unit a cash sheet date on a date-stamped receipts voucher.

STEP THREE: The State WIC Office completes two copies of State form CD-5, "Request for Advance" and submits them to the State Comptroller's Office. One of the requests is for funds to be disbursed to local WIC programs to cover administrative expenses, the other request is for funds to cover payment to local WIC food vendors and pharmacies. A third portion of funds is left with the State Treasury to pay State Agency operational expenses.

STEP FOUR: At the Comptroller's Office, the requests are listed on a Warrant. If the Comptroller's Office receives the requests before noon on Friday they will appear on the next Warrant. The Warrant must be approved by the Governor and his Council which meets every Wednesday to approve the requests for funds.

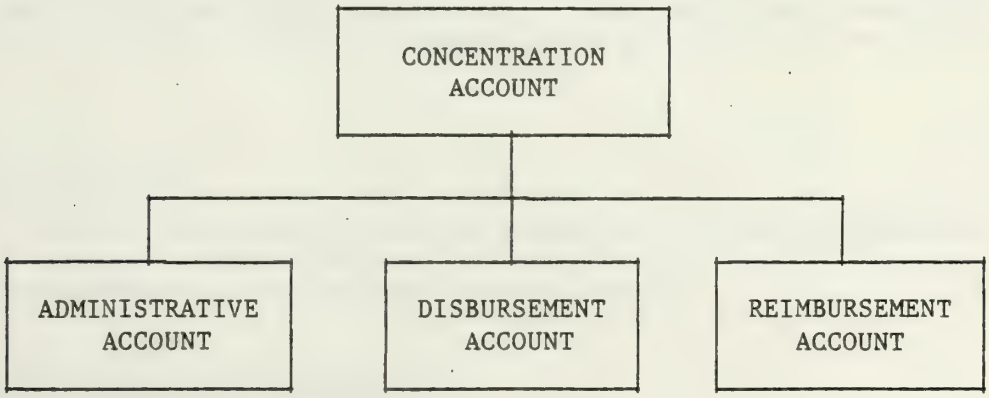
STEP FIVE: Once approval of the Warrant is confirmed, money is wired to the WIC Program's bank account. Funds are then disbursed to local WIC programs and to WIC food vendors and pharmacies through standard State procedures.

DISBURSEMENT PROCEDURES

The State WIC Office reimburses local WIC agencies with funds to cover each month's documented WIC Program operating expenses. The State WIC Office does not disburse funds to local WIC agencies to cover food or voucher system costs; both of these costs are handled centrally.

The Fiscal Management unit of the State WIC Office requests disbursements for local agencies through the Grants Management Unit of the Department of Public Health which handles the actual disbursements.

Disbursements for food costs and local agencies come from the WIC Program account with State Street Bank. This account is designed to disburse each type of payment from separate accounts:



CONCENTRATION ACCOUNT: the "parent" account which records all transactions; this is a cash account and funds each of the "sibling" accounts on a daily basis for actual amount required.

ADMINISTRATIVE ACCOUNT: disburses funds to local WIC agencies

DISBURSEMENT ACCOUNT: pays food costs

REIMBURSEMENT ACCOUNT: pays local WIC vendors for designated food costs

After the money passes through the Warrant system, it is deposited in the Concentration Account. Each of the other accounts are "zero balance" accounts which draw dollars from the Concentration Account as needed.

Administrative costs for the State WIC Office are disbursed through the State Comptroller's Office using standard state payment procedures for personnel and for reimbursements to State vendors.

DETERMINATION OF PROGRAM COSTS

FOOD COSTS

Each month, the computer prints vouchers for all WIC participants listed on the WIC computer participant masterfile. In addition to these pre-printed vouchers, each local program manually writes a certain number of manual vouchers for participants who need food sooner than the voucher system can accomodate.

Participants have 30 days to redeem their vouchers, and authorized WIC food vendors and pharmacies have 60 days from date of issue in which to deposit the vouchers at their banks.

Shortly after the close of each month, the State's Bureau of Computer Services (BCS) sends the State WIC Office a report of the reconciled amount of funds expended for food during that month. These reports are generated by reconciling bank transaction tapes against masterfile information of vouchers issued.

PROGRAM PARTICIPATION

Cashed voucher transactions are also matched to the active participant file in order to produce accurate reports on the number of women, infants and children who participated in the program each month.

ADMINISTRATIVE AND OTHER PROGRAM COSTS

Local Program Costs

Each local WIC program incurs obligations and makes expenditures based on a line-item budget.

The State WIC Office reimburses local programs for actual expenditures against budgeted line items. If the local WIC program submits expenses for reimbursement against a line item which exceeds the budgeted amount or which was not budgeted, the expenses are disallowed by the State WIC Office.

Budgets may be amended during each contract period through a formal written process.

State Costs

The State WIC Office incurs obligations and makes expenditures based on a budget developed at the beginning of each fiscal year for allowable expense categories (for example, personnel or supplies).

State costs are obtained monthly in the following manner:

-- The Grants Management Unit of the Department of Public Health reports personnel costs including fringe benefit and indirect cost charges directly to the State WIC Office.

-- The State WIC Office keeps records of reimbursements for voucher system operations.

-- The Grants Management Unit of the Department of Public Health reports all other disbursements for State WIC Office costs, such as supplies, printing, travel, etc. These expenses are paid from standard subsidiary accounts set up for the WIC Program by the Grants Management Unit. Copies of source documents and accompanying invoices are kept both at the Grants Management Unit and at the State WIC Office.

Administrative Obligations

Administrative obligations incurred by the State WIC Office and local WIC programs are reported each month on a fiscal year-to-date basis. Obligations are defined as the amounts of orders placed, services provided and other expenses which have been incurred but not yet paid.

Both the State WIC Office and the local WIC programs maintain documentation of administrative obligations.

ALLOCATION OF FUNDS

The Massachusetts WIC Program allocates funds in the following manner:

1. The funds available for food costs are determined by USDA's funding formula.

2. The funds available for administrative expenses are determined by USDA's funding formula.

3. From the total of administrative funds available, a certain amount is set aside for State costs as expressed in a categorized budget. State expenses include personnel, the cost of the voucher system, audit costs, printing and supplies, consultant fees, and travel reimbursement.

4. The balance of the administrative funds are allocated to the local WIC programs via the State's contracting process. The WIC Needs Assessment is used to allocate statewide caseload. (See III J.)

LOCAL WIC PROGRAM BUDGETS

Each local WIC program submits a proposed line-item budget to the State WIC Office prior to the beginning of the new fiscal year. The State WIC staff reviews these budgets, and then discusses them with the local agency staff. The local agency makes any necessary adjustments prior to receiving final approval from the State WIC Office.

The agreed-upon budget is then incorporated into a contract between the Department of Public Health and the local agency.

Among the factors determining a local agency's budget are:

-- The overall availability of WIC funds

-- The amount of cash and in-kind contributions the local agency is able to provide for the local WIC program

-- The size and geographic location of the local WIC program

-- Historical funding patterns

Each local agency must ensure that the local WIC program has adequate staff to provide WIC services to their participants. The State WIC Office has developed standard salary ranges for local WIC staff positions, but takes into consideration regional differences and personnel policies of the local agency in approving these salaries.

Other line items generally reimbursed include travel, supplies (both office and nutrition education), space costs, postage, and telephone costs.

At least one-sixth of administrative funds expended by the Massachusetts WIC Program must be used for nutrition education. Costs which can be applied to the minimum amount required are:

-- Salary and other costs for time spent on nutrition education consultants

-- Costs of producing nutrition education materials

-- Costs of training nutrition educators, including costs related to conducting training sessions and producing training materials

-- Costs of conducting evaluations of nutrition education, including contractor involvement and time spent in the design of data collection forms and the compilation and analysis of data

-- Costs of time spent developing the nutrition education portion of the State Plan

-- Costs of monitoring nutrition education activities

The line item budget is useful in allocating funds for nutrition education. An analysis of the entire administrative budget, as well as all in-kind contributions ensures that one-sixth of the administrative funds are designated for nutrition education.

MASSACHUSETTS WIC PROGRAM

Needs Assessment (185%) Data for

Massachusetts Cities and Towns

APRIL, 1985

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

Needs Assessment Ranking	Towns with 500 + Eligibles	High Risk Towns	Town/City	Estimated Eligibles	Numbers Actually Served 12/83	% of Needs Met 12/83	Numbers Actually Served 6/84	% of Needs Met 6/84	Numbers Actually Served 1/85	% of Needs Met 1/85	Numbers Actually Served 4/85	% of Needs Met 4/85
165			Abington	282	35	12%	47	17%	59	21%	71	25%
135			Acton	161	4	2%	4	2%	4	2%	6	4%
259			Acushnet	113	28	25%	23	20%	27	24%	30	27%
112		*	Adams	338	197	58%	200	59%	129	38%	197	58%
203			Agawam	363	28	8%	60	17%	58	16%	74	20%
175			Alford	21	1	5%	1	5%	0	0%	0	0%
125			Amesbury	422	282	67%	275	65%	302	72%	262	62%
208			Amherst	334	138	41%	167	50%	219	66%	236	71%
215			Andover	205	18	9%	24	12%	15	7%	16	8%
219	*		Arlington	519	87	17%	105	20%	104	20%	92	18%
94		*	Ashburnham	59	11	19%	13	22%	11	19%	12	20%
305			Ashby	55	2	4%	3	5%	3	5%	4	7%
321			Ashfield	45	16	36%	17	38%	23	51%	24	53%
248			Ashland	104	8	8%	15	14%	27	26%	27	26%
45		*	Athol	387	149	39%	188	49%	266	69%	256	66%

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

Needs Assessment Ranking	Towns with 500 + Eligibles	High Risk Towns	Town/City	Estimated Eligibles	Numbers Actually Served 12/83	% of Needs Met 12/83	Numbers Actually Served 6/84	% of Needs Met 6/84	Numbers Actually Served 1/85	% of Needs Met 1/85	Numbers Actually Served 4/85	% of Needs Met 4/85
173	*		Attleboro	883	315	36%	479	54%	530	60%	480	54%
130			Auburn	163	17	10%	31	19%	34	21%	36	22%
147			Avon	70	10	14%	7	10%	12	17%	9	13%
66		*	Ayer	364	103	28%	129	35%	202	55%	203	56%
154	*		Barnstable	838	215	26%	312	37%	341	41%	471	56%
152			Barre	103	14	14%	17	17%	27	26%	32	31%
113		*	Becket	48	11	23%	11	23%	14	29%	13	27%
272			Bedford	160	13	8%	12	8%	26	16%	21	13%
58		*	Belchertown	196	38	19%	70	36%	69	35%	65	33%
283			Bellingham	287	41	14%	63	22%	54	19%	53	18%
221			Belmont	172	21	12%	25	15%	25	15%	25	15%
209			Berkley	63	17	27%	36	57%	38	60%	45	71%
297			Berlin	26	0	0%	0	0%	2	8%	2	8%
195			Bernardston	41	22	54%	19	46%	16	39%	14	34%
93	*	*	Beverly	708	107	15%	125	18%	178	25%	202	29%

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

Needs Assessment Ranking	Towns with 500 + Eligibles	High Risk Towns	Town/City	Estimated Eligibles	Numbers Actually Served 12/83	% of Needs Met 12/83	Numbers Actually Served 6/84	% of Needs Met 6/84	Numbers Actually Served 1/85	% of Needs Met 1/85	Numbers Actually Served 4/85	% of Needs Met 4/85
265	*		Billerica	581	69	12%	89	15%	84	14%	90	15%
101		*	Blackstone	235	41	17%	53	23%	53	23%	58	25%
51		*	Blandford	23	0	0%	0	0%	1	4%	1	4%
325			Bolton	31	2	6%	2	6%	2	6%	2	6%
17	*	*	Boston	22876	13155	58%	16022	70%	14969	65%	16508	72%
285	*		Bourne	537	130	24%	163	30%	204	38%	115	21%
199			Boxborough	45	3	7%	0	0%	8	18%	5	11%
105		*	Boxford	34	1	3%	1	3%	7	21%	7	21%
249			Boylston	39	4	10%	2	5%	2	5%	2	5%
212			Braintree	348	60	17%	86	25%	98	28%	100	29%
301			Brewster	149	21	14%	31	21%	33	22%	43	29%
263			Bridgewater	275	33	12%	42	15%	42	15%	56	20%
329			Brimfield	56	12	21%	17	30%	13	23%	15	27%
19	*	*	Brockton	3749	1228	33%	1600	43%	1738	46%	1660	44%
30		*	Brookfield	92	18	20%	26	28%	25	27%	22	24%

PART III: FISCAL
SECTION F
PAGE: 6
DATE: 8/85

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

Needs Assessment Ranking	Towns with 500 + Eligibles	High Risk Towns	Town/City	Estimated Eligibles	Numbers Actually Served 12/83	% of Needs Met 12/83	Numbers Actually Served 6/84	% of Needs Met 6/84	Numbers Actually Served 1/85	% of Needs Met 1/85	Numbers Actually Served 4/85	% of Needs Met 4/85
156			Brookline	459	96	21%	125	27%	134	29%	130	28%
134			Buckland	66	4	6%	7	11%	7	11%	5	8%
207			Burlington	176	33	19%	39	22%	41	23%	40	23%
73	*	*	Cambridge	2241	1317	59%	1367	61%	1347	60%	1302	58%
144			Canton	170	20	12%	29	17%	25	15%	23	14%
345			Carlisle	9	0	0%	3	33%	2	22%	2	22%
332			Carver	228	30	13%	46	20%	67	29%	55	24%
164			Charlemont	26	21	81%	32	123%	31	119%	41	158%
97		*	Charlton	207	63	30%	55	27%	57	28%	49	24%
127			Chatham	135	8	6%	11	8%	15	11%	17	13%
243			Chelmsford	307	28	9%	33	11%	32	10%	30	10%
7	*	*	Chelsea	1610	903	56%	963	60%	1035	64%	1049	65%
143			Cheshire	52	42	81%	36	69%	37	71%	36	69%
258			Chester	26	18	69%	12	46%	10	38%	18	69%
319			Chesterfield	19	1	5%	5	26%	9	47%	11	58%

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

Needs Assessment Ranking	Towns with 500 + Eligibles	High Risk Towns	Town/City	Estimated Eligibles	Numbers Actually Served 12/83	% of Needs Met 12/83	Numbers Actually Served 6/84	% of Needs Met 6/84	Numbers Actually Served 1/85	% of Needs Met 1/85	Numbers Actually Served 4/85	% of Needs Met 4/85
81	*	*	Chicopee	1534	279	18%	576	38%	736	48%	783	51%
340			Chilmark	9	0	0%	0	0%	0	0%	0	0%
307			Clarksburg	38	24	63%	26	68%	21	55%	19	50%
34		*	Clinton	446	72	16%	85	19%	103	23%	105	24%
315			Cohasset	53	2	4%	4	8%	6	11%	7	13%
25		*	Colrain	53	33	62%	32	60%	35	66%	44	83%
159			Concord	89	0	0%	0	0%	0	0%	0	0%
237			Conway	40	10	25%	10	25%	10	25%	13	33%
9		*	Cummington	31	6	19%	8	26%	13	42%	14	45%
115		*	Dalton	78	42	54%	53	68%	45	58%	36	46%
192			Danvers	212	23	11%	41	19%	72	34%	77	36%
288			Dartmouth	345	92	27%	135	39%	125	36%	139	40%
194			Dedham	326	31	10%	35	11%	50	15%	55	17%
281			Deerfield	63	23	37%	29	46%	21	33%	16	25%
187			Dennis	250	93	37%	107	43%	116	46%	136	54%

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

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92		*	Dighton	145	28	19%	41	28%	40	28%	38	26%
87		*	Douglas	147	30	20%	37	25%	49	33%	44	30%
295			Dover	19	0	0%	0	0%	0	0%	0	0%
186			Dracut	344	66	19%	57	17%	64	19%	59	17%
56		*	Dudley	252	65	26%	86	34%	79	31%	68	27%
344			Dunstable	20	1	5%	1	5%	2	10%	2	10%
323			Duxbury	125	15	12%	24	19%	17	14%	16	13%
300			East Bridgewater	191	14	7%	20	10%	27	14%	22	12%
35		*	East Brookfield	49	7	14%	11	22%	15	31%	12	24%
336			East Longmeadow	112	12	11%	4	4%	5	4%	6	5%
132			Easthan	107	8	7%	10	9%	21	20%	26	24%
139			Easthampton	348	58	17%	80	23%	109	31%	153	44%
179			Easton	202	23	11%	29	14%	44	22%	50	25%
320			Edgartown	47	9	19%	14	30%	18	38%	22	47%
206			Egremont	29	12	41%	17	59%	13	45%	9	31%

Needs Assessment

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63		*	Erving	19	0	0%	2	11%	3	16%	30	158%
197			Essex	69	2	3%	3	4%	3	4%	1	1%
53	*	*	Everett	1026	298	29%	346	34%	340	33%	344	34%
120			Fairhaven	346	71	21%	101	29%	97	28%	99	29%
29	*	*	Fall River	4361	978	22%	2307	53%	2294	53%	2206	51%
42	*	*	Falmouth	676	234	35%	332	49%	313	46%	325	48%
28	*	*	Fitchburg	1523	403	26%	493	32%	592	39%	610	40%
142			Florida	14	12	86%	11	79%	12	86%	6	43%
247			Foxborough	218	27	12%	22	10%	22	10%	26	12%
104	*	*	Framingham	977	174	18%	274	28%	385	39%	399	41%
124			Franklin	394	50	13%	60	15%	62	16%	48	12%
46		*	Freetown	237	41	17%	52	22%	45	19%	43	18%
50	*	*	Gardner	533	103	19%	147	28%	230	43%	248	47%
350			Gay Head	9	3	33%	0	0%	0	0%	1	11%
222			Georgetown	57	26	46%	21	37%	28	49%	26	46%

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

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333			Gill	35	33	94%	29	83%	23	66%	24	69%
75	*	*	Gloucester	670	185	28%	244	36%	271	40%	311	46%
343			Goshen	19	1	5%	0	0%	2	11%	1	5%
342			Gosnold	2	0	0%	0	0%	0	0%	0	0%
200			Grafton	195	21	11%	35	18%	32	16%	33	17%
311			Granby	109	13	12%	24	22%	24	22%	22	20%
312			Granville	30	5	17%	9	30%	9	30%	8	27%
24		*	Great Barrington	170	91	54%	79	46%	77	45%	80	47%
55	*	*	Greenfield	625	318	51%	390	62%	405	65%	385	62%
251			Groton	102	5	5%	9	9%	10	10%	12	12%
341			Groveland	73	27	37%	25	34%	29	40%	30	41%
157			Hadley	46	8	17%	7	15%	7	15%	11	24%
178			Halifax	174	13	7%	24	14%	26	15%	18	10%
184			Hamilton	145	24	17%	34	23%	44	30%	53	37%
284			Hampden	59	3	5%	6	10%	11	19%	6	10%

Needs Assessment

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62		*	Hancock	12	3	25%	0	0%	2	17%	1	8%
198			Hanover	142	10	7%	18	13%	21	15%	23	16%
150			Hanson	204	17	8%	34	17%	39	19%	38	19%
67		*	Hardwick	94	7	7%	25	27%	34	36%	28	30%
141			Harvard	429	3	1%	3	1%	3	1%	5	1%
166			Harwich	186	31	17%	44	24%	48	26%	50	27%
330			Hatfield	52	10	19%	17	33%	13	25%	20	38%
65	*	*	Haverhill	1676	1063	63%	1148	68%	1058	63%	942	56%
346			Hawley	16	0	0%	1	6%	1	6%	1	6%
18		*	Heath	23	4	17%	0	0%	1	4%	3	13%
266			Hingham	188	11	6%	6	3%	16	9%	13	7%
44		*	Hinsdale	64	25	39%	21	33%	24	38%	27	42%
290			Holbrook	131	37	28%	38	29%	50	38%	48	37%
314			Holden	90	13	14%	10	11%	6	7%	11	12%
109		*	Holland	48	7	15%	8	17%	5	10%	6	13%

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

Needs Assessment Ranking	Towns with 500 + Eligibles	High Risk Towns	Town/City	Estimated Eligibles	Numbers Actually Served 12/83	% of Needs Met 12/83	Numbers Actually Served 6/84	% of Needs Met 6/84	Numbers Actually Served 1/85	% of Needs Met 1/85	Numbers Actually Served 4/85	% of Needs Met 4/85
201			Holliston	101	6	6%	11	11%	10	10%	10	10%
11	*	*	Holyoke	2541	649	26%	1298	51%	1646	65%	1988	78%
77		*	Hopedale	36	6	17%	4	11%	0	0%	2	6%
293			Hopkington	122	5	4%	15	12%	35	29%	32	26%
140			Hubbardston	43	0	0%	0	0%	4	9%	5	12%
218			Hudson	289	18	6%	23	8%	35	12%	42	15%
27		*	Hull	345	83	24%	113	33%	116	34%	132	38%
211			Huntington	48	20	42%	24	50%	35	73%	37	77%
313			Ipswich	138	21	15%	19	14%	33	24%	36	26%
277			Kingston	119	9	8%	13	11%	23	19%	35	29%
233			Lakeville	138	26	19%	38	28%	38	28%	29	21%
278			Lancaster	85	26	31%	23	27%	23	27%	24	28%
78		*	Lanesborough	66	25	38%	27	41%	24	36%	16	24%
13	*	*	Lawrence	3831	1277	33%	1559	41%	1543	40%	1747	46%
316			Lee	132	81	61%	79	60%	70	53%	65	49%

Needs Assessment

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217			Leicester	224	20	9%	24	11%	35	16%	32	14%
202			Lenox	131	64	49%	83	63%	63	48%	41	31%
116	*	*	Leominster	1068	269	25%	337	32%	397	37%	382	36%
306			Leverett	30	10	33%	8	27%	9	30%	11	37%
176			Lexington	152	31	20%	27	18%	31	20%	23	15%
155			Leyden	23	8	35%	12	52%	7	30%	7	30%
119			Lincoln	164	1	1%	1	1%	1	1%	1	1%
240			Littleton	67	4	6%	5	7%	5	7%	4	6%
294			Longmeadow	99	4	4%	1	1%	3	3%	3	3%
60	*	*	Lowell	3897	1707	44%	1845	47%	1921	49%	1923	49%
191			Ludlow	256	24	9%	50	20%	43	17%	47	18%
275			Lunenburg	120	12	10%	13	11%	13	11%	13	11%
41	*	*	Lynn	3114	1369	44%	1549	50%	1724	55%	1692	54%
268			Lynnfield	58	9	16%	2	3%	8	14%	10	17%
106	*	*	Malden	1273	400	31%	450	35%	453	36%	423	33%

Needs Assessment

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296			Manchester	36	3	8%	5	14%	6	17%	7	19%
280			Mansfield	228	37	16%	62	27%	73	32%	64	28%
322			Marblehead	174	0	0%	3	2%	23	13%	19	11%
180			Marion	107	13	12%	15	14%	17	16%	16	15%
118	*		Marlborough	743	48	6%	84	11%	106	14%	107	14%
254			Marshfield	358	28	8%	70	20%	71	20%	81	23%
85		*	Mashpee	161	33	20%	45	28%	73	45%	77	48%
264			Mattapoisett	74	17	23%	19	26%	21	28%	23	31%
112		*	Maynard	204	5	2%	10	5%	51	25%	53	26%
244			Medfield	73	4	5%	2	3%	3	4%	1	1%
123	*		Medford	1029	335	33%	369	36%	356	35%	343	33%
220			Medway	109	7	6%	10	9%	21	19%	20	18%
213			Melrose	359	52	14%	50	14%	53	15%	51	14%
167			Mendon	58	3	5%	2	3%	5	9%	5	9%
170			Merrimac	120	48	40%	54	45%	47	39%	43	36%

Needs Assessment

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114	*	*	Methuen	665	151	23%	160	24%	141	21%	140	21%
122	*		Middleborough	698	121	17%	166	24%	171	24%	176	25%
4		*	Middlefield	11	2	18%	4	36%	6	55%	7	64%
174			Middleton	78	4	5%	9	12%	12	15%	13	17%
59		*	Milford	446	88	20%	135	30%	124	28%	133	30%
52		*	Millbury	270	21	8%	39	14%	40	15%	43	16%
262			Millis	75	10	13%	12	16%	9	12%	7	9%
89		*	Millville	39	6	15%	9	23%	11	28%	10	26%
271			Milton	225	24	11%	26	12%	20	9%	22	10%
347			Monroe	2	0	0%	0	0%	0	0%	2	100%
169			Monson	139	19	14%	28	20%	27	19%	32	23%
71		*	Montague	260	211	81%	237	91%	251	97%	213	82%
32		*	Monterey	22	11	50%	9	41%	9	41%	11	50%
6		*	Montgomery	12	0	0%	0	0%	2	17%	1	8%
351			Mount Washington	1	0	0%	0	0%	0	0%	0	0%

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242			Nahant	21	11	52%	12	57%	8	38%	7	33%
69		*	Nantucket	59	0	0%	9	15%	20	34%	26	44%
291			Natick	280	18	6%	33	12%	47	17%	47	17%
282			Needham	173	24	14%	35	20%	45	26%	31	18%
96		*	New Ashford	2	2	100%	3	150%	2	100%	2	100%
31	*	*	New Bedford	4613	1568	34%	2010	44%	1916	42%	1929	42%
84		*	New Braintree	26	5	19%	7	27%	5	19%	4	15%
26		*	New Marlborough	48	18	38%	7	15%	18	38%	13	27%
183			New Salem	17	3	18%	3	18%	5	29%	8	47%
158			Newbury	75	24	32%	27	36%	21	28%	13	17%
90	*	*	Newburyport	539	136	25%	145	27%	141	26%	104	19%
257	*		Newton	688	78	11%	109	16%	100	15%	98	14%
230			Norfolk	71	1	1%	4	6%	3	4%	7	10%
23	*	*	North Adams	560	447	80%	485	87%	503	90%	538	96%
162			North Andover	210	23	11%	21	10%	21	10%	21	10%

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238			North Attleboro	458	68	15%	116	25%	139	30%	137	30%
48		*	North Brookfield	143	73	51%	59	41%	56	39%	54	38%
161			North Reading	120	13	11%	11	9%	14	12%	15	13%
102	*	*	Northampton	643	135	21%	170	26%	221	34%	243	38%
273			Northborough	79	6	8%	2	3%	6	8%	7	9%
103		*	Northbridge	389	65	17%	75	19%	86	22%	75	19%
168			Northfield	51	24	47%	25	49%	20	39%	18	35%
298			Norton	296	81	27%	97	33%	122	41%	117	40%
246			Norwell	40	1	3%	3	8%	6	15%	5	13%
151			Norwood	306	27	9%	38	12%	57	19%	53	17%
61		*	Oak Bluffs	62	14	23%	11	18%	17	27%	21	34%
241			Oakham	29	4	14%	4	14%	1	3%	1	3%
68		*	Orange	313	99	32%	112	36%	119	38%	140	45%
131			Orleans	114	9	8%	18	16%	16	14%	19	17%
86		*	Otis	38	15	39%	16	42%	27	71%	29	76%

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91		*	Oxford	365	64	18%	71	19%	81	22%	74	20%
107		*	Palmer	235	109	46%	169	72%	144	61%	127	54%
72		*	Paxton	15	0	0%	0	0%	0	0%	0	0%
234	*		Peabody	688	157	23%	166	24%	212	31%	222	32%
8		*	Pelham	10	1	10%	2	20%	3	30%	2	20%
299			Pembroke	329	11	3%	43	13%	64	19%	61	19%
129			Pepperell	211	7	3%	12	6%	17	8%	16	8%
14		*	Peru	32	4	13%	7	22%	8	25%	7	22%
349			Petersham	12	1	8%	4	33%	3	25%	1	8%
339			Phillipston	19	4	21%	5	26%	6	32%	7	37%
57	*	*	Pittsfield	1707	753	44%	823	48%	852	50%	838	49%
3		*	Plainfield	23	6	26%	9	39%	11	48%	8	35%
302			Plainville	59	9	15%	20	34%	22	37%	18	31%
253	*		Plymouth	1120	159	14%	329	29%	363	32%	391	35%
318			Plympton	50	1	2%	4	8%	6	12%	8	16%

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326			Princeton	34	2	6%	1	3%	0	0%	0	0%
15		*	Provincetown	119	37	31%	38	32%	45	38%	43	36%
138	*		Quincy	1653	367	22%	430	26%	450	27%	509	31%
185			Randolph	273	44	16%	61	22%	68	25%	39	14%
255			Raynham	140	24	17%	32	23%	37	26%	39	28%
279			Reading	202	25	12%	38	19%	23	11%	21	10%
303			Rehoboth	149	27	18%	29	19%	36	24%	35	23%
47	*	*	Revere	932	365	39%	452	48%	500	54%	498	53%
338			Richmond	22	4	18%	3	14%	0	0%	0	0%
331			Rochester	87	4	5%	5	6%	5	6%	8	9%
40	*	*	Rockland	503	76	15%	131	26%	133	26%	124	25%
100		*	Rockport	91	12	13%	10	11%	18	20%	13	14%
289			Rowe	9	1	11%	3	33%	7	78%	4	44%
79		*	Rowley	40	8	20%	14	35%	12	30%	14	35%
153			Royalston	40	4	10%	7	18%	10	25%	7	18%

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88		*	Russell	49	11	22%	8	16%	5	10%	4	8%
117		*	Rutland	109	6	6%	6	6%	8	7%	6	6%
108	*	*	Salem	901	286	32%	350	39%	448	50%	416	46%
38		*	Salisbury	199	67	34%	79	40%	91	46%	95	48%
54		*	Sandisfield	14	8	57%	5	36%	9	64%	7	50%
310			Sandwich	179	15	8%	11	6%	19	11%	34	19%
160			Saugus	351	76	22%	78	22%	91	26%	90	26%
2		*	Savoy	25	5	20%	11	44%	10	40%	8	32%
308			Scituate	160	8	5%	11	7%	20	13%	20	13%
229			Seekonk	156	23	15%	26	17%	28	18%	27	17%
267			Sharon	108	0	0%	5	5%	24	22%	17	16%
76		*	Sheffield	63	52	83%	63	100%	50	79%	45	71%
16		*	Shelburne	66	37	56%	45	68%	60	91%	63	95%
256			Sherborn	15	0	0%	0	0%	0	0%	0	0%
82		*	Shirley	175	11	6%	17	10%	22	13%	19	11%

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228			Shrewsbury	261	16	6%	24	9%	26	10%	25	10%
83		*	Shutesbury	12	9	75%	13	108%	8	67%	14	117%
214			Somerset	184	91	49%	104	57%	101	55%	90	49%
99	*	*	Somerville	2134	2000	94%	1308	61%	1296	61%	1253	59%
216			South Hadley	163	28	17%	40	25%	57	35%	67	41%
70		*	Southampton	98	14	14%	21	21%	17	17%	28	29%
137			Southborough	42	4	10%	5	12%	4	10%	4	10%
21	*	*	Southbridge	639	381	60%	457	72%	442	69%	376	59%
270			Southwick	209	36	17%	47	22%	53	25%	69	33%
64		*	Spencer	373	66	18%	85	23%	93	25%	92	25%
5	*	*	Springfield	7154	1609	22%	2012	28%	2914	41%	2793	39%
126			Sterling	103	4	4%	4	4%	8	8%	9	9%
204			Stockbridge	37	4	11%	3	8%	5	14%	5	14%
226			Stoneham	262	49	19%	70	27%	83	32%	65	25%
260			Stoughton	474	85	18%	69	15%	79	17%	80	17%

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171			Stow	38	0	0%	0	0%	0	0%	1	3%
145			Sturbridge	95	37	39%	50	53%	43	45%	40	42%
309			Sudbury	61	0	0%	2	3%	14	23%	13	21%
327			Sunderland	50	18	36%	38	76%	26	52%	28	56%
33		*	Sutton	148	21	14%	27	18%	29	20%	30	20%
286			Swampscott	94	23	24%	28	30%	23	24%	17	18%
334			Swansea	315	94	30%	100	32%	105	33%	87	28%
39	*	*	Taunton	1508	735	49%	930	62%	944	63%	864	57%
210			Templeton	125	7	6%	13	10%	21	17%	19	15%
223			Tewksbury	376	42	11%	53	14%	57	15%	47	13%
74		*	Tisbury	79	34	43%	41	52%	40	51%	39	49%
1		*	Tolland	2	0	0%	0	0%	0	0%	0	0%
128			Topsfield	20	5	25%	4	20%	4	20%	4	20%
232			Townsend	194	18	9%	12	6%	14	7%	15	8%
37		*	Truro	50	9	18%	9	18%	11	22%	8	16%

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111		*	Tyngsborough	152	24	16%	24	16%	24	16%	28	18%
348			Tyringham	6	1	17%	2	33%	2	33%	4	67%
110		*	Upton	89	3	3%	0	0%	1	1%	2	2%
43		*	Uxbridge	236	53	22%	42	18%	51	22%	57	24%
252			Wakefield	382	36	9%	46	12%	49	13%	59	15%
182			Wales	26	6	23%	11	42%	8	31%	7	27%
205			Walpole	155	8	5%	12	8%	22	14%	19	12%
95	*	*	Waltham	997	255	26%	338	34%	361	36%	360	36%
80		*	Ware	224	89	40%	109	49%	114	51%	96	43%
22	*	*	Wareham	633	223	35%	282	45%	338	53%	355	56%
49		*	Warren	134	64	48%	67	50%	65	49%	45	34%
188			Warwick	24	8	33%	9	38%	7	29%	9	38%
20		*	Washington	18	3	17%	4	22%	2	11%	2	11%
148			Watertown	477	121	25%	119	25%	114	24%	130	27%
261			Wayland	60	3	5%	1	2%	2	3%	3	5%

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36		*	Webster	416	217	52%	221	53%	234	56%	235	56%
239			Wellesley	153	5	3%	9	6%	13	8%	12	8%
304			Wellfleet	85	14	16%	33	39%	30	35%	26	31%
98		*	Wendell	49	10	20%	13	27%	17	35%	20	41%
193			Wenham	28	2	7%	4	14%	2	7%	4	14%
227			West Boylston	73	8	11%	5	7%	5	7%	5	7%
224			West Bridgewater	69	14	20%	13	19%	14	20%	15	22%
245			West Brookfield	65	30	46%	35	54%	31	48%	27	42%
133			West Newbury	50	7	14%	10	20%	6	12%	4	8%
146			West Springfield	289	74	26%	135	47%	157	54%	177	61%
337			West Stockbridge	24	* 13	54%	16	67%	9	38%	12	50%
324			West Tisbury	34	3	9%	6	18%	7	21%	4	12%
196			Westborough	174	10	6%	18	10%	20	11%	19	11%
136	*		Westfield	797	125	16%	258	32%	375	47%	426	53%
274			Westford	165	15	9%	14	8%	17	10%	15	9%

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292			Westhampton	26	0	0%	0	0%	3	12%	4	15%
163			Westminster	87	7	8%	12	14%	5	6%	5	6%
231			Weston	29	4	14%	2	7%	2	7%	1	3%
177			Westport	262	90	34%	123	47%	119	45%	110	42%
276			Westwood	87	0	0%	1	1%	2	2%	3	3%
235	*		Weymouth	1024	89	9%	162	16%	149	15%	165	16%
269			Whately	20	1	5%	3	15%	3	15%	4	20%
236			Whitman	313	42	13%	60	19%	64	20%	60	19%
335			Wilbraham	53	12	23%	11	21%	10	19%	11	21%
317			Williamsburg	57	10	18%	10	18%	10	18%	15	26%
198			Williamstown	96	66	69%	61	64%	60	63%	51	53%
225			Wilmington	222	46	21%	59	27%	66	30%	75	34%
10		*	Winchendon	308	75	24%	80	26%	102	33%	101	33%
287			Winchester	125	13	10%	12	10%	16	13%	12	10%
190			Windsor	10	4	40%	4	40%	2	20%	1	10%

Needs Assessment

(number of estimated eligibles based on 185% of poverty)

Needs Assessment Ranking	Towns with 500 + Eligibles	High Risk Towns	Town/City	Estimated Eligibles	Numbers Actually Served 12/83	% of Needs Met 12/83	Numbers Actually Served 6/84	% of Needs Met 6/84	Numbers Actually Served 1/85	% of Needs Met 1/85	Numbers Actually Served 4/85	% of Needs Met 4/85
149			Winthrop	234	70	30%	84	36%	71	30%	75	32%
181	*		Woburn	637	109	17%	119	19%	162	25%	164	26%
12	*	*	Worcester	5753	1889	33%	2258	39%	2213	38%	2170	38%
328			Worthington	16	6	38%	6	38%	6	38%	9	56%
250			Wrentham	115	7	6%	15	13%	13	11%	9	8%
121			Yarmouth	381	111	29%	172	45%	193	51%	193	51%
			STATE TOTALS	143,230	47,699	33%	58,672	41%	61,283	43%	62,959	44%

MASSACHUSETTS WIC PROGRAM
FY 85

ESTIMATED ELIGIBLES, ACTIVE PARTICIPATION AND PRIORITIES

	ESTIMATED ELIGIBLES	ACTIVE PARTICIPATION a/o 8/85	PRIORITIES SERVED a/o 8/85
Allston/Brighton WIC Program	3284	1584	I - V
Athol WIC Program	2008	806	I - Va
Berkshire WIC Program	3918	2166	I - V
Beverly/Gloucester WIC Program	2883	1046	I - V
Brockton WIC Program	5584	2354	I - V
Cambridge WIC Program	4334	1810	I - Va
Cape Cod WIC Program	4268	1636	I - V
Charlestown/Chelsea WIC Program	*	2034	I - IV
Chicopee/Holyoke WIC Program	3315	2551	I - V
Dorchester/Roxbury WIC Program	*	2954	I - V
Fall River WIC Program	5359	2485	I - V
Framingham WIC Program	3251	883	I - V
Franklin County WIC Program	1978	1051	I - V
Hampshire County WIC Program	2053	880	I - V
Haverhill WIC Program	3285	1527	I - V
Holyoke/Westfield WIC Program	2816	1693	I - V
Jamaica Plain WIC Program	*	1982	I - V
Lawrence WIC Program	4911	1971	I - IV
Lowell WIC Program	6011	2241	I - IV
Lynn WIC Program	4362	2097	I - V
Malden/Revere WIC Program	4680	1465	I - V
New Bedford WIC Program	5685	2246	I - Va
North Central WIC Program	5243	1422	I - V
Plymouth WIC Program	4180	1247	I - V
Quincy WIC Program	6136	1144	I - V
Roxbury WIC Program	*	2016	I - V
Somerville/Medford WIC Program	4784	1944	I - V
South Boston WIC Program	*	1033	I - V
South Central WIC Program	6586	1913	I - Va
South Dorchester/Roslindale WIC Program	*	1638	I - V
South End WIC Program	*	2036	I - Va
Springfield WIC Program	7477	2570	I - III
Taunton WIC Program	4556	1927	I - V
Upham's Corner WIC Program	*	3102	I - V
Worcester WIC Program	7083	2407	I - V

* The number of estimated eligibles for the city of Boston is 23,072. The programs serving Boston are marked with an *.

MANAGEMENT OF PROGRAM INCOME

The Massachusetts WIC program earns some income on the average daily balance of funds for food costs on hand at the WIC Program's bank. This income is deducted from the bank's service charges.

REPORTING FINANCIAL INFORMATION

LOCAL AGENCIES

Local agencies submit monthly reports of administrative expenditures and obligations of WIC funds on forms provided by the State WIC Office. (See Part II, Section IV.B.(1)(e)(2)

The reports are due in the State WIC Office on the 15th day of the month to reflect the previous month's financial activity.

Local WIC Programs must submit an itemized invoice and report for expenses incurred against allowable line items in their contract budget. Documentation for all costs must be retained at the local agency and be available for monitoring and audits by WIC Program staff.

All local WIC agencies must retain WIC Program fiscal records for three years following the date of submission of the final expenditure report for the period to which the report pertains.

BUREAU OF COMPUTER SERVICES (BCS)

Approximately 25 days after the close of each month, BCS reports to the State WIC Office the following financial information on the previous month:

1. The number of vouchers cashed during the month
2. The total amount of money spent on food
3. The average cost per voucher
4. Food costs broken down by local WIC program and by voucher type

Additional reports provide information on the final expenditures for food of a previous month's vouchers that have now expired. For example, BCS would report the final figures on May's voucher issuance in August. This information is listed by local WIC program and by voucher type.

STATE WIC BANK

Within 21 days after the close of each month, the WIC bank of deposit sends to the State WIC Office statements of the WIC Concentration Account and all subsidiary accounts. Input tapes for paid vouchers, bounced vouchers and undistributed vouchers that were processed through the bank are also received for reconciliation processing at BCS.

FUNDS RECLAMATION

If the State WIC Office determines that it is appropriate to claim funds as a result of audit findings, the State follows the following procedures:

1. The State WIC Office prepares the audit findings that affect a particular local agency, and assigns a claim to that agency.

2. The local agency responds by either (1) paying the claim to DPH, (2) refusing to pay the claim for lack of funds, or (3) refusing to pay the claim in disagreement with the audit's findings.

3. If the State WIC Office considers the monetary claim justified and cannot recover the funds from the local agency, the WIC Program petitions the State legislature for the amount of the claim.

FISCAL YEAR 1986 PROJECTED BUDGET

	Total	Nutrition Education
Personnel	514,431	101,714
Service	123,500	53,500
Purchase of Service	4,436,121	1,330,836
Travel/Conferences	5,000	1,000
Printing/Advertising	40,000	28,000
Maintenance/Repairs	3,500	
Fringe/Indirect	161,840	31,999
Office/Administrative	65,000	6,000
Equipment	10,000	
Rentals	4,800	
TOTAL ADMINISTRATION	5,364,192	1,553,049 (28.9%)
FOOD	21,095,104	
TOTAL BUDGET	26,459,296	

FOOD DELIVERY

The following sections describe the operations of the Food Delivery section of the Massachusetts State WIC Office. For a more complete description of the food delivery system, at both the local and State levels, see Section V.A (Voucher System Manual) and Section V.B (Vendor System) of the Procedure Manual.

METHODS OF FOOD DELIVERY TO WIC PARTICIPANTS

The State-operated centralized voucher system is a retail purchase system of food distribution. All of the local WIC programs in Massachusetts provide for retail purchase by WIC participants. Some local WIC programs also have provision for home delivery, based on a participant need for such services.

The Computerized Food Delivery System

There is a uniform management information and reporting system for all program data on vouchers, vendors and participants.

When either a participant or vendor has been authorized to participate in the WIC Program, local program staff complete participant, manual voucher or vendor data input forms and mail them to the State WIC Office. They also send input forms for corrections and updates to existing computerized records to the State WIC Office. The computer input is keypunched and entered onto magnetic tape regularly for posting to the appropriate computer masterfile.

The standard food vouchers used by all local programs are generated by the computer on a monthly basis. Once a month the Bureau of Computer Services (BCS) for the Commonwealth of Massachusetts produces printed vouchers which are participant- and food-specific for all WIC Program participants currently active on the WIC participant masterfile. In addition, manual vouchers which are food-specific but not participant-specific are produced for use when a participant is not yet on the participant masterfile and in certain other situations. Local programs place monthly orders for manual vouchers. The food messages on the vouchers are in fixed quantities and types. A list of approved WIC foods is printed on the back of each voucher. A wide variety of standard food packages allows flexibility to the nutritionist in prescribing supplemental foods to meet individual needs.

The computer system also generates weekly and monthly management reports for use by local and state staff.

Delivery of Vouchers to Local WIC Programs

Before the beginning of each calendar month, the State WIC Office delivers the vouchers to each local WIC program by bonded delivery service. The vouchers are accompanied by a voucher register, participant reports and operating supplies a program needs. Local programs order these supplies (input forms, postage-paid mailers, etc.) in advance of the voucher shipment. The computer generates the vouchers and the voucher registers in alphabetical order by site or by household code, to provide ease of distribution at the local program.

VOUCHER DISTRIBUTION

Retail Purchase System

WIC participants receive their vouchers on appointed pick-up days throughout the month. In a retail purchase system, participants or authorized representatives sign the vouchers once when they come to the WIC office to pick up their vouchers, and also sign the voucher register or manual voucher input form. The local WIC program staff stamps the vouchers with a "MASS. WIC" validation stamp, making the vouchers valid food instruments. Throughout the month, up to 30 days from date of issue, participants use the vouchers to purchase WIC foods at authorized WIC vendors across the state.

The Massachusetts WIC Program does not mail vouchers to participants.

Home Delivery System

The home delivery system operates only in those programs where there is participant hardship in access to retail stores. The home delivery system works the same as the retail system up to the point at which the participant receives the vouchers. Thereafter, the participant has the option making arrangements with a home delivery service which has an agreement with the local WIC Program. The home delivery service delivers the WIC foods throughout the month, filling in the price on the vouchers each time, after which the participant countersigns the vouchers. The procedures thereafter are the same as for retail stores, starting with the deposit of the vouchers at the home delivery vendor's bank.

Manual Vouchers

Throughout the month, local WIC programs manually issue vouchers to new participants, or to participants whose computer-generated vouchers cannot be used for some reason. Local WIC programs also routinely issue manual vouchers to infants who require special formula since standardized packages cannot be computer-generated to cover every prescription.

At the time of issuance of manual vouchers to a participant, the local program completes and mails an emergency voucher register input form to the State WIC Office to provide the computer with information for voucher reconciliation. A copy of this form, signed by the participant, is retained by the local program as documentation of issuance.

Proxies

If a participant desires a proxy to pick up, sign and redeem the participant's vouchers, the proxy must bring to the WIC Office a letter of authorization signed by the participant. This letter is kept in the participant's file. The names of proxies may be entered on the participant masterfile.

If a proxy picks up and signs vouchers in the WIC Office, that same person must also redeem the vouchers with the vendor, since the two signatures on a voucher must match.

VOUCHER REDEMPTION

WIC participants receive their food by taking the vouchers to authorized vendors. The WIC participant countersigns the voucher at the time of food purchase, which identifies the participant as the appropriate person to receive the WIC foods.

Authorized vendors stamp vouchers redeemed by participants with a Vendor Authorization Stamp. This stamp identifies the specific vouchers which were redeemed by each individual vendor. Vendors then deposit the stamped and endorsed vouchers in their respective bank accounts.

Redeemed vouchers deposited in vendors' bank accounts are routed through the normal banking system to State Street Bank and are paid on a daily basis from the State WIC Office's account at the bank.

RECONCILIATION OF CASHED AND UNDISTRIBUTED VOUCHERS

At the end of each month, State Street Bank produces tapes reflecting all vouchers paid during the month, all vouchers "bounced", and all vouchers remaining undistributed. These tapes are then delivered to BCS and vouchers are individually reconciled against the voucher and participant masterfiles. State staff then analyze the reports produced from these tapes (e.g., cash errors, excessive amounts, participants not on the masterfile), and follow up or require local programs and/or bank personnel to follow up on all problems noted, as needed. Copies of microfilmed paid vouchers are obtained from the bank whenever necessary, as part of this process. Expenditure reports are then adjusted as needed; for instance, when excessive payments are reduced.

EDITS OF VOUCHERS

Prepayment Edits of Vouchers

The State WIC Office uses primarily a prepayment edit system.

All vouchers are visually screened before payment at the bank by WIC staff. Vouchers are checked for:

- counterfeit or invalid vendor stamp
- no vendor stamp
- illegible vendor number
- no signature
- no Mass. WIC Program stamp
- excessive or altered dollar amount
- other unusual circumstances.

Vouchers are "bounced" when any of the above items apply. Vouchers exceeding the $15.00 limit printed on the voucher face are bounced at the bank but may be resubmitted to the State WIC Office, which evaluates these vouchers according to quarterly price reports and pays them as appropriate.

A system for converting 50% of the amount of payments reduced by prepayment edit to administrative funds will be developed in FY 86.

Postpayment Edits of Vouchers

The State WIC Office also conducts postpayment edits of vouchers as necessary, either as part of the high-risk vendor screening process or when situations are flagged by the normal screening process. A system for converting 50% of payments reduced by this process to administrative funds will be developed in FY 86.

VENDOR MONITORING, SANCTIONING, AND FAIR HEARINGS

Vendor Monitoring and Sanctioning

Vendor monitoring is a shared responsibility between the State Office and local programs. The State Office is responsible for disqualifying vendors and scheduling fair hearings.

The Massachusetts WIC Vendor Agreement and Sanction Policy are included in the Procedure Manual. State staff will in FY 86 develop additional policies and materials for vendor monitoring and sanctioning. These will include both monitoring by local programs of the home delivery option of the retail purchase system, and integration of automated screening for high-risk vendors into State Office systems.

Monitoring of the home delivery system in FY 86 will be expanded. It will include both high risk vendor monitoring, as for all food vendors, consisting of periodic computerized screening of vouchers, analysis of data, and follow-up where indicated; and specific home delivery monitoring. The latter, as currently planned, will include: 1) obtaining list of all participants served by home delivery, from those vendors; 2) monthly sampling of participants receiving home delivery, including such questions as:

- Did you have a choice of WIC foods? (based on Mandatory Minimum foods)
- Did you get the foods you requested?
- Was the price on the voucher when you signed it?
- Where there any other problems?;

3) monitoring of home delivery trucks by local program staff annually, or more frequently if problems occur; and 4) extra training of participants and vendors involved in home delivery.

Vendor Fair Hearings

The State WIC Office conducts the vendor fair hearings in collaboration with the legal office of the Department of Public Health. The State Office may or may not choose to disqualify a vendor before a fair hearing is requested and a decision rendered; notice of adverse action is provided to the vendor 15 days in advance of the effective date. Vendors requesting fair hearings are allowed two opportunities to schedule an appointment for a fair hearing.

ANCILLARY SERVICES

The vendors which the State WIC Office hires to assist in operation of the food delivery system are, as of July 1985:

- State Street Bank
- Bostonian Business Forms
- Anacomp Micrographics
- Gentral Delivery Service
- Massachusetts Statistics
- Emco Printers
- Standard Forms, Inc.

All services costing over $10,000 per year will be put out for bid in FY 86.

NUTRITION

Staffing

The nutrition section is staffed by a State Nutrition Coordinator, one full-time Nutrition Consultant, a part-time Nutrition Consultant, a Graphic Arts Specialist and an Assistant Nutrition Education Specialist.

All the nutritionists have a Master's degree in nutritional sciences or public health and experience in community nutrition. They all have local WIC program experience. Their responsibilities include:

1) Technical assistance (site visits, phone and correspondence) to local program nutritionists

2) Development of nutrition education resources for use by local staff and by participants

3) Training of nutritionists and nutrition paraprofessionals

4) Monitoring of local programs

5) Integrating WIC with health care through communication and referral with Massachusetts physicians, nurses and other health care providers

6) Development of nutrition policy and nutrition care protocols

7) Evaluation of WIC and nutrition services

8) Integration of special nutrition projects into local program operations.

9) Strengthening of nutrition services within the Commonwealth, including ongoing coordination with the nutrition and professional staff of Maternal and Child Health and the Office of Nutrition Services and communication with other state departments and private organizations involved in providing nutrition services.

The State Nutrition Coordinator is responsible for:

1) Overall supervision of all section staff

2) Review and approval of annual local program Nutrition Education Action Plans

3) Designing risk criteria for certification and assessment and certification forms for local program use.

The Graphic Arts Specialist provides expert lay-out, design and graphics for the nutrition section and for the Nutrition Education Task Force. She is mainly responsible for designing and producing nutrition education materials for use in local programs, but also provides the State Agency with materials such as maps, charts, training materials, forms, transparencies, posters, etc.

CIVIL RIGHTS

General

The State WIC Office staff will provide civil rights training to local WIC program directors and senior nutritionists, who will then train their staff.

Documentation will be maintained in the State WIC Office's permanent files regarding compliance status of all local agencies and the disposition of all discrimination complaints.

All local programs are in compliance with Title VI of the Civil Rights Act of 1964.

Reporting

On a monthly basis, the State's computer facility provides the State WIC Administration with an Ethnic Participation Report. This report gives the State a statistical analysis of program participation by federally designated ethnic groups within WIC categories (i.e., women, infants, children). The report provides both local program and State total statistics.

Bilingual Staff

At annual site visits of each local program the State WIC staff reviews the staffing plans for local agencies to determine, where appropriate, whether or not there is sufficient bilingual staff to provide program information to non-English speaking populations in their service areas.

Minority Participants

Additionally the State staff monitors the percentage of minority participants in comparison to the local program's catchment area.

If the State staff finds that there is under-representation of minorities in local programs it will, jointly with the local program staff determine the causes and take corrective action. Such action will consist of:

A. reviewing the local agency's outreach plan to determine its effectiveness with the under-represented minority group

B. soliciting the assistance of key members of the minority group to formulate more effective ways of reaching the group and

C. implementing a new outreach plan

Compliance Review

The State WIC Office will continue to conduct an annual compliance review as part of each local WIC agency's annual site visit. Each compliance review will include the following:

1) verification that the system does not discriminate against applicants because of their race, color, national origin, age, sex, or handicap.

2) verification that the USDA non-discrimination clause is included on all printed materials distributed by the local program to participants, including pamphlets, forms, newsletters, etc.

3) observation that the poster "...And Justice for All" is prominently displayed.

4) observation to ensure that all participants are treated in a non-discriminatory manner by local agency personnel.

5) review to ascertain whether applicants are being served according to WIC Program regulations on a first-come, first-served basis, and determine if the system used by the local agency is adversely affecting minority participation.

6) verification that Rights and Responsibilities forms are being provided/read to participants in their native language.

7) verification that local programs have made reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.

8) verification that outreach is being done to minority groups.

9) verification that all participants on file have been coded by racial/ethnic groups as required by regulation, and that this information is kept on file for 3½ years.

10) verification that the program's participation reflects the ethnic/racial composition of the area.

11) verification that the ethnic/racial composition of the local program staff reflects the ethnic/racial composition of the area.

12) verification that the local program has conducted civil rights training for its staff.

13) verification that civil rights complaints are appropriately handled.

The compliance review will further address any complaint of discrimination since the previous compliance review. The review will also determine whether or not local WIC programs are following appropriate procedures regarding the handling of complaints.

Complaints

All applicants to or participants of the WIC Program will be informed of their right to a fair hearing. Further, they will be advised of their right to file a complaint directly to the Secretary of Agriculture if they feel that discrimination has occurred. Complaints of discrimination shall be referred to the Director, Civil Rights Division, Food and Nutrition Service, USDA, Alexandria, VA 22302, with a copy to the Regional Civil Rights Director.

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